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ABSTRACT

A study assessed the impact of the Pennsylvania Bureau of Vocational Education's practical nurse program for funding years 1979-1980 (38 programs), 1980-1981 (40 programs), and 1981-1982 (41 programs). Researchers reviewed literature pertaining to the state of the art of health care both in Pennsylvania and across the Nation. Next, they administered questionnaires to 97 state- and school-level administrators of health occupations education programs, 1,082 practical nurse (PN) graduates, and 201 health care employers. On-site interviews were conducted with PN program coordinators, administrators, and graduates in each of the six regions of the State. Graduates of the State's PN programs during the three years studied averaged a 96 percent success rate as first-time takers of the national licensure examination, thus surpassing the national average of 90 to 92 percent. Seventeen recommendations were set forth concerning the delivery, monitoring, and funding of PN programs as well as the design and implementation of further program-related research. (Included in the 17 appendixes to this report are the various instruments used in the study, descriptive materials regarding two Pennsylvania PN programs, rules and regulations of the State Board of Nurse Examiners for Practical Nurses, and PN program graduates' advice to persons interested in enrolling in a PN program.) (MN)

ED255739

FINAL REPORT

ASSESSMENT OF THE IMPACT OF THE BUREAU OF VOCATIONAL EDUCATION'S PRACTICAL NURSE PROGRAM

(Contract Number 83-4006)

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RESEARCH REPORT

This research report was performed persuant to an agreement between the Pennsylvania Department of Education, Bureau of Vocational Education Research Coordinating Unit, Harrisburg, Pennsylvania, and the University of Pittsburgh, Department of Vocational Education. The contractors were encouraged to express their professional judgment freely in the conduct of the project. The conclusions and recommendations stated herein do not necessarily represent the position policy of the Pennsylvania Department of Education, Bureau of Vocational and Adult Education.

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ABSTRACT

Project Title: ASSESSMENT OF THE IMPACT OF THE BUREAU OF VOCATIONAL EDUCATION'S PRACTICAL NURSE PROGRAM

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Contract Number 83-4006

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The purpose of this project was to assess the impact of the Bureau of Vocational Education's Practical Nurse Program for funding years 1979-80 (38 programs); 1980-81 (40 programs); and 1981-82 (41 programs).

Objectives:

1.0 To determine the extent to which the program has been a factor in managing the supply of Licensed Practical Nurses (LPNs).
2.0 To determine the extent to which the program has been a factor in improving the quality of Practical Nurse training.
3.0 To determine the effect the subsidy had on tuition rates.
4.0 To determine the present employment situation of Licensed Practical Nurses.
5.0 To determine the projected need for LPNs in the Commonwealth of Pennsylvania for the next five years.
6.0 To determine whether/to what extent the supply/demand for new graduate LPNs has influenced the salaries paid.
7.0 To determine the placement rates for LPNs and for those who received tuition assistance (for the various regions in Pennsylvania); and National Placement rates.
8.0 To determine mobility habits or trends for all students supported by the program and for welfare students.
9.0 To determine the failure rates of the state examination (for licensure) for all graduates and for welfare students.

Procedures

1. A literature review was conducted regarding the state-of-the-art of health care services in the Commonwealth, nursing and nursing education in the nation and the Commonwealth, and the Bureau's 1979-80, 1980-81 and 1981-82 Practical Nurse Programs.
2. Survey questionnaires where developed and mailed to: 51 State Supervisors of Health Occupations Education (20 responses, 39%) and 51 state Executive Secretaries of State Boards of Nurse/Practical Nurse Examiners (40 responses, 78%), with 42 combined jurisdictions represented, or 42 states (82% of 51 jurisdictions); 41 school administrators (37 responses, 90%); 2,273 PN graduates of the three-year study period (1,082 usable responses, or 54% of total delivered); and 201 health care agency/organization employers (long-term and acute care facilities, physicians and physicians' groups and other likely PN employers) in the Commonwealth.
3. On-site interviews were conducted in each of six regions of the Commonwealth, using interview guides developed for project: six PN Program Coordinators; ten health care agency/organization administrators; and 28 Practical Nurse program graduates (27 LPNs, one GPN).

Contributions to Education

Hard-data analysis to assist in evaluating the assumptions, economic principles, and objectives of the State's Practical Nurse Program.

Products

Final report.

FOREWORD

The cooperation of a large number of dedicated people is required to accomplish any project of value. For this Study of the Impact of the Bureau of Vocational Education's Practical Nursing Program, an extraordinary amount of cooperation was received. The value of the study lies in the information so willingly given by the survey population. State Supervisors of Health Occupations Education and Executive Secretaries of State Boards of Nurse Examiners from across the country reiterated upon request the data they must have completed countless times for other purposes. Administrators of public-sector schools in Pennsylvania which host the Bureau's Practical Nurse programs supplied important information. Statewide, the Coordinators of these Practical Nurse programs spent long hours compiling information and data about their programs, and 1,082 of the Practical Nurse program graduates demonstrated their professionalism by completing probing questions about their programs and careers in nursing. The professionals who employ Licensed Practical Nurses gave the study, through their survey responses and interviews, a necessary perspective during a period when the health care field is undergoing extensive introspection and change. The project team is most grateful to all of these people.

The Pennsylvania Department of Health is to be recognized for their exceptionally well-devised State Health Plan, 1982-87, from which data were extracted for the study, and for providing agency lists as well as other data. Their data were utilized for the purpose of providing a framework that helps to describe the role of the Licensed Practical Nurse in the Commonwealth's health care system. Every precaution has been taken to avoid misrepresentation or misuse of the data. However, the following statement absolves the Department of Health of any inadvertent misrepresentation of data used in the study:

> (These) data were supplied by the State Health Data Center, Pennsylvania Department of Health, Harrisburg, Pennsylvania. The Department (of Health) specifically disclaims responsibility for any analysis, interpretations or conclusions.

Another excellent publication that provided background information of value to the study is the Institute of Medicine's Nursing and Nursing Education: Private Policies and Public Actions, published in 1983 by the National Academy Press.

Officers of the Licensed Practical Nurses Association of Pennsylvania and the Northeastern Pennsylvania League of Licensed Practical Nurses must be thanked for their interest and input. Among the many whose personal observations were of great value were six Practical Nurse Program Coordinators who were interviewed during the study: Kristin N. Bravar, R.N., M.Ed.; Carol A. Goff, R.N., M.S.N.; Corrine R. Kurzon, R.N., M.Ed.; Shirley LeDane, R.N., M.A.; Marguerite J. Savidge, R.N., M.Ed.; and Marian W. Weir, R.N., M.S.N.

The staff of the Pennsylvania Department of Education's Bureau of Vocational and Adult Education, including Dr. Carroll Curtis of the Bureau's Research Coordinating unit, were more than helpful. Very special thanks goes to the State Supervisor of Health Occupations Education, Mrs. Helen K. Swaincott, R.N., M.Ed.

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CHAPTER I

INTRODUCTION

The Pennsylvania Bureau of Vocational Education administers an annual state appropriation for the support of Practical Nurse programs sponsored by the public school sector (area vocational-technical schools, school districts, and community colleges). The purpose of the program, for which no federal funds are involved, is to reduce tuition costs to the student, thereby maintaining an adequate supply of Practical Nurses while reducing welfare rates.

Hard data on the extent to which this program has or has not achieved its objectives, and the continued need for the program as originally perceived, has never been verified or refuted. In 1982 the question of continuing need for financial support of the Practical Nurse program arose in the Pennsylvania Legislature, which considered the elimination of this support. After hearing expression of interest-group concern, the Legislature restored support, but at a reduced level.

During 1982-83 Practical Nurse programs in Pennsylvania's public-sector schools received State appropriations totaling $3.8 million. These monies were directed toward (1) the support of instructional salaries and benefits and (2) payment of tuition for welfare recipients. Student enrollment in the 41 public-sector schools that year totaled 2,670, an enrollment representing both welfare students and those who paid tuition (through private resources or public agency support; e.g., CETA).

The study, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program, was undertaken by the University of Pittsburgh's Department of Vocational Education, under contract to the Pennsylvania Department of Education, to determine the nature and scope of the impact of the investments made in existing programs in the public school sector, using data relevant to the period 1979-80 through 1981-82.

This report includes a summary of the basis for the Practical Nurse program assumptions including an overview of economic and social principles in the United States and Pennsylvania as reflected in (1) the health care system settings in which Licensed Practical Nurses may be employed and in (2) the related areas of nursing and nursing education. These structures are described in Chapter II, Background. Chapter III outlines the purpose and objectives of the study. In Chapter IV, Methods, the procedures of the study are described, including sample selection and sampling procedure. Chapter V presents the findings of the research. Chapter VI, Summary and Conclusions, contains the conclusions that can be applied to the questions delineated within the objectives; i.e., the impact analysis. Recommendations and issues requiring further research are identified in Chapter VII, Recommendations. Chapter VIII describes dissemination procedures. References and pertinent descriptive materials, including data collection instruments, are appended.

Data collected and presented in this study are primarily relevant to the 41 Practical Nursing programs conducted under the auspices of the Pennsylvania Department of Education, Bureau of Vocational Education, during Fiscal Years 1979-80, 1980-81, and 1981-82. However, these data, as well as background information, conclusions, and recommendations must be viewed in terms of current and future needs for Licensed Practical Nurses, their education, and public funding needed to promote and/or support such education. Thus, the study must also be viewed within a context of the broad spectrum of health care needs of the public as well as some very prominent operational issues that may well have impact on the need for Licensed Practical Nurses and the scope of their education. Two important issues are described below.

Current Impact Issues

Two current issues addressed in the next chapter are introduced here because of their potential impact on how health care shall be provided--institutionally and by whom. First, Diagnosis Related Groups (DRGs) have already affected staffing patterns in, most immediately, the acute-care facilities. Second, the American Nurses Association (ANA) set forth the "1985 Proposal," which, if effected, would change the present four-level nursing structure of nursing to a bi-level structure.

Diagnosis Related Groups (DRGs)

The following excerpts from "DRGs: History and Overview" (Shaffer, Nursing & Health Care) explain the rationale and implementation of Diagnosis Related Groups, a medical payment reform that is having drastic effect on the acute-care hospital payment system. The full text of "DRGs" is shown as Appendix A, describing the emerging advantages and disadvantages of the DRG system and focusing heavily on the DRG system as conceived in New Jersey, the first state to implement the system.

> On April 20, 1983, President Reagan signed into law H.R. 1900 (P.L. 98-21), the Social Security Amendments of 1983. This legislation includes the establishment of a prospective payment system based on 467 Diagnosis Related Group (DRG) categories that allow pretreatment diagnosis billing categories for almost all United States hospitals reimbursed by Medicare. Culminating a series of hospital billing and reimbursement reforms that were initiated decades ago, these changes will permanently alter the nature of health care delivery as we have known it. . . . While the looming federal deficit and the danger of insolvency of the Medicare trust fund may have been the immediate impetus for this legislative speed (passage into Congressional law in only three months from introduction to passage), the chronically inflated cost of hospital treatment must be seen as the primary, longstanding problem whose time for resolution had finally come. . . . (There had been) an historical trend toward uncontrolled budgetary expansion tracing back to the 1940s.
>
> The federal Hill-Burton program (1946) provided the impetus for a massive postwar replenishment of hospital capital facilities. Utilization of these facilities was ensured and encouraged by the Medicare and Medicaid legislation of the mid-1960s. The increasingly

> prominent role of other third party payers--Blue Cross, Blue Shield, and the major insurance companies--similarly led to disincentives for cost containment. Patients, physicians, and hospitals were aware that a third party payer, and not the patient, would be paying for most of the bill. This was the mood set in the days when no one envisioned skyrocketing medical costs. . . . When third party payments replaced personal health care expenditures as the predominant means of paying for health care, the consumer became insulated from the true cost of health care. . . . The third party insurers and government agencies made payments to hospitals based on estimated operating costs, with retroactive adjustments allowed for each accounting period. The more a hospital spent, the more reimbursement it received from third party payers. . . . In 1967 (in New Jersey), an industry analysis showed that the 10 percent annual increases in hospital rates far exceeded hospital expenditure on patient care or capital improvement. The money was going into institutional profits. The industry's internal constraints were proving to be ineffectual. . . . By the end of 1969, Blue Cross had petitioned the Commissioner of Banking and Insurance for a 73 percent increase in its premiums. The climate was set for a stronger voice by state government and third party payers. . . .
>
> Under a prospective rate-setting system, providers are paid at rates set in advance of and considered fixed for the pertinent period (typically a year) . . . The DRG (system) is an attempt to define a "product" . . . comprised of the specific set of outputs received by patients. The "output" that the hospital provides is defined in such terms as hours of nursing care, medications, laboratory tests, and so forth. The costs, or "inputs," required for the creation or provision of this service-output are labor (including nursing and other staff salaries) and materials and equipment used. Different patients receive different amounts and types of services that heretofore were priced inaccurately under the per diem system of reimbursement. . . . Diagnosis related groups were developed to evaluate, compare, and provide relevant feedback regarding hospital performance. . . . Quality control and system monitoring are to be implemented in relation to admission patterns and DRG categories. . . .
>
> The new (DRG) system will plunge health care into the competitive world of business. The system's incentive for efficiency along with the decreasing demand for inpatient hospital services will be the forces driving health care toward a competitive marketplace. All of this will require health care professionals with new kinds of managerial skills. From the perspective of expenditure and percentage of the gross national product, health care is the largest business in the United States.

In brief summary, the DRG Reimbursement System is "prospective" rather than retrospective, wherein the payment mechanism is by the case or costs related to treatment of the specific DRG (rather than per diem, or total hospital costs divided by patient days), and the payment unit is the diagnosis rather than the patient day. The DRG system offers the incentives of hospital profits from cost containment through the receipt of incentive payments when the patient's length of stay (LOS) is lower than "average," and, conversely, the hospital experiences "disincentives" when costs exceed the standard (set by the DRG). The DRG system applies to all Medicare-participating hospitals, except psychiatric, long-term care, rehabilitation, and children's hospitals (and hospitals outside the 50 states and Washington, DC).

While Appendix A lucidly explains the evolution of the DRG system, with heaviest emphasis on the New Jersey system's history, the system is now in full effect nationwide. As with any revolutionary change, a great many variables will help to decide its success and implications. Many of these variables will require longitudinal and innovative study. Relative Intensity Measures (RIMs), referred to in the text of Appendix A, have been instituted to measure direct nursing service. Nevada, for example, reports that monitors have been installed in patients' rooms so that hospitals will be able to separate nursing service time from the cost of the room, currently a combined item of "room costs." An analysis of RIMs in New Jersey, reviewed after a two-year implementation of DRGs, reportedly revealed an unaffordably high personnel cost when only Registered Nurses were utilized, thus indicating a possible upsurge of need for Licensed Practical Nurses.

The secondary effects of DRGs are widespread too. As patients are discharged more quickly from acute-care facilities, those who still require rehabilitative care must be channeled into either a home-care situation or into a medical rehabilitation facility where they can receive the amount and degree of long-term care necessary for their conditions. Since, in many areas, this exceeds current available space, new "rehabilitation" facilities are being opened. In many areas, including some in Pennsylvania, hospital units are being converted on one floor of the facility to accommodate rehabilitation patients, including pediatric patients. The potential need for Licensed Practical Nurses in these settings must be considered.

Four-Level Vs. Two-Level Nursing

The American Nurses Association (ANA) issued a position paper in 1965 calling for two levels of nursing: the professional nurse, which would have the baccalaureate degree in nursing as a minimum qualification, and the technical, or associate, nurse, which would have the associate degree in nursing as its preparation. Timetables subsequently set led to a common reference to the ANA position paper as the "1985 Proposal on Entry Into the Practice of Nursing," placing deadlines on implementing the philosophy set forth in the position paper by 1985.

The two-level nursing proposal would replace the four types of nursing programs that have evolved over the past century: baccalaureate (and higher) degree, associate degree, diploma, and practical nursing.

Although 1985 is imminent, the issue is still one of controversy. Health and relevant educational associations have stated their positions, pro and con. The importance of the issue to the nation's health care system led the National Advisory Council on Vocational Education to prepare a position paper, "The Education of Nurses: A Rising National Concern," in response to the ANA proposal. A copy of this paper (May 1980), included as Appendix B-1, includes annotations of the positions of the various relevant organizations. One group not cited in this document was the National Association of State Supervisors of Health Occupations Education, which prepared and widely distributed a policy statement on nursing education that, in effect, promoted continuation of the four types of educational programs which currently prepare nurses.

The position of the National Advisory Council on Vocational Education (NACVE) was reflective of a number of nationwide resolutions, which were summarized in "Analysis of Resolutions by State Organizations" (August 15, 1980) and circulated to relevant groups. Shown as Appendix B-2, the Analysis paper included a bibliography of resolutions representing local, state, and regional organizations and groups that had adopted resolutions on the issue or prepared position papers. The introduction to the Analysis states:

> The resolutions . . . stand, in general, opposed to the position on entry into the practice of nursing taken by the American Nurses Association. Some of the resolutions specifically call for continued recognition of the licensed practical nurse. Others are more general and call for continuation of all four types of educational preparation for nurses. . . . Yet others address the continuation of the ADN (associate degree in nursing) as the appropriate entry level registered professional nursing.
>
> The most common rationale for these positions are:
>
> 1. Cost effectiveness from the potential nursing students' standpoint as well as that of the consumers of nursing care.
>
> 2. Staffing needs of health care institutions and a concern for further problems the two levels of nursing would create in terms of reducing the number of available nurses. Several mention shortages of nurses, maldistribution of nurses and other supply-demand problems likely to be compounded if two levels of nursing are implemented.
>
> 3. Potential discrimination resulting from all nursing education being transferred to instituions of higher education. Several groups see this as denying low income, socially/culturally less advantaged and racial minorities opportunity to enter nursing education programs they can afford and/or are within reasonable geographic distance. One group feels that if the ANA position is adopted, professional nursing will become predominantly a white upper middle class group.
>
> 4. Career mobility most groups feel the current structure (four types of nursing education) is viable and strongly encourage a well planned system providing mobility from one level or type preparation to the next.
>
> 5. Research - several groups indicate that a major change such as that proposed by ANA must be based on sound research confirming its necessity and that such research must be the combined effort of all involved including the consumer, not done unilaterally by a group such as ANA.

CHAPTER II

BACKGROUND

The provision of health care is an increasingly complex issue. Technological and pharmacological/medical advances, preventive self-care, and improved remedial care have combined to enable a rapidly increasing population to enjoy longer lives in this nation. At the same time, the global population is growing at a rate so prodigious that by the year 2000, many futurists predict, the greatest threat to humanity will be its own sheer mass. The world, with its added billions, will not be able to provide adequate food and energy, jobs, housing, education, or health care. In September 1983, the global population was 4.7 billion, or more than twice the population of 20 years ago. By 1986, a world population of five billion is expected, and by 2000 -- 6.2 billion people. In the United States, where population growth rates have leveled off, the actual numbers are racing out of hand because each year there is a larger base for figuring percentage increase, and the present 234 million is expected to move to 289 million when an expected stationary population is reached in 2040. In addition to this anticipated growth within the United States is the expectation that between 30 million and 40 million Mexicans and Central Americans are likely to enter the U.S. illegally between now and the end of the century, with between two million and three million of these illegal immigrants remaining in the country each year (Szule).

By contrast with other nations, the United States is medically well served. For example, in Ethiopia, there is one doctor per 58,490 inhabitants; in Indonesia, only one per 11,530 people (Szule). Medical Economics, an American journal, defined the optimum ratio of population to general practice physicians as 2,000 to one. Szule cited the United States' ratio of all physicians to population as 520 to one, with rural pockets of much lower proportion. In the United States, health insurance and other kinds of medical assistance are available--through hospitals, nursing homes, and various configurations of medical service agencies--to more people than ever before. In Western Pennsylvania, for example, residents are served by 70,000 health care employees, most of whom are professionally trained and many of whom are licensed (Pittsburgh WTAE-TV Nightline).

The training of a large cadre of health care professionals is a recognized need. At the same time, the nation is also faced with changes in social and economic patterns, including those in government reimbursement to care-providing institutions. The recently mandated Diagnosis Related Groups (DRGs) aimed at cost containment have forced cost-conscious hospitals to give careful scrutiny to all aspects of patient care, including staffing. In the wake of DRGs, many institutions, particularly those acute-care institutions most immediately affected by DRGs, are developing Relative Intensity Measures (RIMs) which are based on measuring, in minutes, the intensity of nursing care required by patients who are classed in each of the 467 Diagnosis Related Groups (American Journal of Nursing, November, 1983, p. 607). The effects of the DRG concept will be shorter hospital stays for patients and greater utilization of "day" surgery and out-patient programs, nursing homes, and, possibly, redefinition of skilled nursing care.

The myriad issues affect not only how health care shall be provided. They may also affect how training of the care providers shall be accomplished; i.e., where, how, and for how long training should be provided. Tandem to these questions is the issue of governmental responsibility for human welfare through education; specifically, the degree to which governmental involvement should be evidenced through financial support. Despite escalating costs and changing conditions and expectations, a real need continues for well-trained personnel to give direct nursing care. Registered Nurse and Practical Nurse programs were designed to fill this need.

Federal funds for Practical Nurse programs were made available to vocational education subsequent to the George-Barden Act of 1946. The Health Amendments Act of 1956 also allocated funds for this purpose. By 1962, Title II funds engendered enrollments in Pennsylvania programs for Practical Nurse education of 2,200 persons seeking Practical Nurse licensure (Jones, p. 274).

For the period 1966-1975, the U.S. Department of Labor projected a total annual average of 126,000 openings for ten major groups (by U.S.O.E. code) of Health Occupations programs: 31 percent (39,000) of these were in Practical (Vocational) Nursing. Known academic completions in Practical Nurse programs in the first year of the projection period (FY 1966-67) totaled 27,644, 59 percent of which were accomplished through postsecondary vocational education. These graduates represented fulfillment of only 71 percent of the annual openings for Licensed Practical Nurses projected for that year (Evans, p. 27).

The demand for graduates of many of the Health Occupations programs continued to exceed the supply. Five of the 28 occupations listed as the "fastest-growing jobs" for 1978-80 were vocational health occupations. One of these five was Licensed Practical Nurse, with a projected doubling of need between 1978 and 1990 (Ebrite). The Pennsylvania Office of Economic Security ("Where the Jobs Will Be," Pittsburgh Press) forecast that "Health Services (private)" would be the leading category of job gains, by volume category, for the period 1980 to 1990, with a 42.4 percent rise to 135,500 new jobs expected over this ten-year period.

Through public education, Pennsylvania has made a commitment to help assuage the health care needs of the State's residents. Low-cost training has enabled many people to prepare for careers in health service. Many of these, including those who have become Licensed Practical Nurses, may have found the preparation cost prohibitive without support through public education.

The Practical Nurse program in Pennsylvania (U.S.O.E. Code 07.0305, VEMIS Code 320) was described by the Pennsylvania Department of Education in "Approved Vocational Course Descriptions for Pennsylvania Secondary Schools" (1978) as:

> A combination of subject matter and supervised clinical experiences designed to prepare a person to give direct nursing care under the supervision of a professional nurse or physician.

In Education for Work: The Pennsylvania Story, Jones gave further description of Practical Nurse Education:

> A program offering training in approved schools and leading to licensure as a practical or vocational nurse. The trainee is being prepared to (a) give direct nursing care to patients whose health situation is relatively stable, (b) assist qualified professional nurses in caring for patients whose health situation is more complex. The minimum requirements are set by the state board for vocational education while it is accredited by the profession for meeting desirable standards and licensed by the state in order to protect society from malpractice and incompetent individuals.

Future funding and direction for Practical Nurse programs--and, indeed, all of vocational education--hinges on a number of economic and political issues and decisions in the Commonwealth and in the nation. A pressing societal need for health care, including direct nursing care, for an increasing and aging population presents one aspect of the problem that will have to be both quantified and qualified in order to arrive at well-reasoned decisions.

The balance of this chapter attempts to provide perspective to (1) the structure and scope of health care, (2) nursing as a component of health care, and (3) history and description of Practical Nursing and Practical Nurse education in Pennsylvania.

Health Care: General Information

In February 1983 the Pennsylvania Department of Health released The State Health Plan, 1982-1987, for the Commonwealth of Pennsylvania. The State Health Plan (SHP) was issued through the Pennsylvania Statewide Health Coordinating Council designated under P.L. 93-641, the National Health Resources Development Act of 1974. This edition represented a total revision of the first (1979) triennial Statewide plan. It was released for public comment in September 1981, adopted by the Statewide Health Coordinating Council in September 1982, and submitted to the Governor for approval.

The SHP includes data referrant to a statewide Health System Plan administered through directly federally funded health system agencies organized by geographic regions designated as Health Service Areas (HSA). Table 1 describes this organizational distribution in Pennsylvania.

Table 1

LIST OF HEALTH SYSTEM AGENCIES IN PENNSYLVANIA

Agency Name	Part of State	No.	Initials	Location
Health Systems Agency of Southeastern PA, Inc.	Southeastern	I	HSA/SEP	Philadelphia
Health Systems Council	Eastern	II	HSC	Allentown
Health Systems Agency of Northeastern PA, Inc.	Northeastern	III	HSANEP	Avoca
Health Resources Planning and Development	South Central	IV	HRPD	Camp Hill
Central Pennsylvania Health Systems Agency	North Central	V	CPHSA	Lewisburg
Health Systems Agency of Southwestern PA	Southwest	VI	HSA/SWP	Pittsburgh
Health Systems, Inc.*	Northwest	VII	HSI	Erie
NY-PENN Health Systems Agency	North	VIII	NY-PENN	Binghamton, NY
Keystone Health Systems Agency	South West - Central	IX	KEYSTONE	Altoona

*Ceased operations in September, 1982

Source: The Pennsylvania State Health Plan, 1982-1987, p. 9.

The SHP, which is a fusion and reconciliation of all health planning policies and activities in the State, established priorities for changes in the health system of the State in order to accomplish three major purposes:

> 1. To develop a coordinated and comprehensive approach to the solution of health problems within the State;
> 2. To develop and articulate State health and health related policies; and
> 3. To guide resource allocation in the achievement of equal access to quality health care (SHP, p. 3).

This latter purpose (the third) is a special challenge in Pennsylvania, a state where concentrations of population range from dense urban, where health care is proportionately more dense, to sparse rural populations. "General Population Characteristics" are described in the SHP (p.18):

> The 1980 Census of Population of Pennsylvania indicated a resident population of 11,866,726. This was a 0.6% increase from the persons tallied in the 1970 Census. . . . Within Pennsylvania, the Southcentral and NY-PENN areas of the State had the greatest percent increases as population shifted from urban centers to rural counties during the seventies. All but ten counties increased in population. The big losers included Philadelphia, Allegheny, Delaware and Lackawanna. . . . The Commonwealth is expected to experience continued, albeit slow, growth through 1985. The 1985 population is projected to be 12,070,730, or 1.7% greater than in 1980. Southcentral (IV) is expected to have the greatest relative growth, increasing 4.6%. . . . Much of this growth is due to the continued improvement in the economy in this area. Only one health service area is expected to experience a decline in its population: NY-PENN (-0.9%). Both Southeastern and Southwestern Pennsylvania, which experienced significant population losses during the 1970s, are projected as having a slight increase in population. . . . Pennsylvania has a great diversity as a rural and urban state. . . . Philadelphia County, Delaware County and three neighboring counties account for HSA I's (Southeastern) classification as 90% urban, which makes the area the most urban population in the State.

Table 2, "Population by Health Service Areas," is adapted from the State Health Plan (p. 19).

Table 2

POPULATION BY HEALTH SERVICE AREAS, 1970, 1980, 1985 IN PENNSYLVANIA

Area	Percent Urban 1970	1970 Population	1980 Population	Percent Change 1970-80	Projected 1985 Population	Percent Change 1980-85
HSA I Southeast PA	90.0	3,592,523	3,682,709	-4.7	3,736,865	+1.4
HSA II Eastern PA	68.7	862,049	934,203	+8.4	960,548	+2.8
HSA III Northeast PA	70.3	796,978	811,558	+1.8	832,046	+2.5
HSA IV S. Central PA	55.1	1,260,247	1,413,131	+12.1	1,479,311	+4.6
HSA V Central PA	41.7	698,953	754,574	+8.0	765,157	+1.4
HSA VI Southwest PA	72.9	2,982,358	2,889,775	-3.1	2,904,113	+0.4
HSA VII Northwest PA	51.6	738,722	770,648	+4.3	772,198	+0.2
HSA VIII NY-PENN	16.1	98,267	107,144	+9.0	106,144	-0.9
HSA IX Keystone	57.3	490,415	503,006	+2.6	514,390	+2.2
Pennsylvania	71.5	11,793,909	11,868,728	+0.6	12,070,730	+1.7

Calculated from: U.S. Department of Commerce, Bureau of the Census, "General Population Characteristics, 1970" (Washington DC: USGPO, 1982) and "1980 Census of Population and Housing (Washington DC, 1981)

Table 3 gives further definition to the Pennsylvania population. Data extracted from the SHP show 263 persons per square mile in 1980, with the Southeastern HSA having 1,646 persons per square mile (p. 20). Other selected characteristics of population shown in Table 3 are: 157,533 live births or a rate of 13.4 per 1,000 residents (SHP, p. 28), and an average of 2.74 residents per household in 1980 (SHP, p. 25). The percentage of persons dependent on public assistance in 1981 was highest in Southeastern Pennsylvania (10.9 percent), while the state average was 6.9 percent (SHP, p. 25).

Table 3

SELECTED CHARACTERISTICS OF POPULATION

Area	Persons per Square Mile 1980[a]	Resident Live Births 1979[b]		Residents per Household 1980[c]	Percentage of Persons Dependent on Public Assistance 1981[d]
		Birth	Rate*		
HSA I Southeast PA	1686	50,781	13.6	2.77	10.9
HSA II Eastern PA	359	11,663	12.8	2.67	3.6
HSA III Northeast PA	213	9,552	11.9	2.69	4.5
HSA IV S. Central PA	275	19,614	14.4	2.75	3.4
HSA V Central PA	86	10,201	14.0	2.75	4.5
HSA VI Southwest PA	408	36,140	12.6	2.71	6.4
HSA VII Northwest PA	91	11,203	15.1	2.79	6.2
HSA VIII NY-PENN	43	1,552	15.3	2.89	6.3
HSA IX Keystone	108	6,827	13.9	2.79	5.1
Pennsylvania	263	157,533	13.4	2.74	6.9

*Rate per 1,000 Estimated Midyear 1979 Population for Each Specified Area.

Source: [a] Calculated from U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population and Housing.

[b] Pennsylvania Department of Health, "Pennsylvania Vital Statistics, 1979" (Harrisburg, 1980).

[c] Calculated from Governor's Office of Budget and Administration, Bureau of Management Services, "Population and Households by County in Pennsylvania": Harrisburg, 1981 (mimeographed).

[d] Calculated from Pennsylvania Department of Public Welfare, "Average Number of Persons Dependent on Public Assistance": Harrisburg, 1981 (mimeographed).

Of important consideration to the study of the impact of Practical Nursing programs in Pennsylvania are the age groups of the population and mortality data. The median age for a resident of Pennsylvania in 1980 was 32.1, as compared to the U.S. median age of 30.0 years (SHP, pp. 18, 19).

The resident death rate of 10.0 per 1,000 population in 1979 exceeded the live birth rate (6.9 per 1,000 residents), as reported in the preceding table. Table 4 shows 1980 population by age and 1979 deaths.

Table 4

PENNSYLVANIA POPULATION BY AGE GROUP (1980) and
RESIDENT DEATHS BY NUMBER AND RATE (1979)

Age Group	1980 Population[a]		1979 Resident Deaths[b]	
	Number	%	Number	Rate*
Under 1	-	-	2,118	14.8
1-4	-	-	306	0.5
To 5	747,876	6.3	(2,424)	-
5-9	805,285	6.8	214	0.3
10-14	932,218	7.9	275	0.3
15-19	1,080,866	9.1	871	0.8
20-24	1,059,965	8.9	1,200	1.1
25-29	945,416	8.0	1,082	1.2
30-34	848,098	7.1	993	1.3
35-39	682,546	5.8	1,164	1.7
40-44	591,892	5.0	1,624	2.6
45-49	600,348	5.1	2,700	4.1
50-54	695,815	5.9	5,439	7.8
55-59	712,181	6.0	7,717**	11.5**
60-64	633,115	5.3	10,748	17.4
65+	1,531,107	12.9	(80,970)	-
65-69	-	-	13,722	28.6
70-74	-	-	15,699	41.5
75+	-	-	51,549	81.2
Pennsylvania	11,866,728	100.0	117,097	10.0

*Rate per 1,000 midyear population in each age group

**Unknown ages at death are included in the 75+ age group.

Sources: [a] Calculated from U.S. Department of Commerce, Bureau of the Census "Age, Sex, Race and Spanish Origin of the Population by Regions, Divisions, and States: 1980 (Washington, DC: USGPO, 1981)

[b] Pennsylvania Department of Health, "Pennsylvania Vital Statistics, 1979 (Harrisburg, 1980).

Health Care Providers

A health care provider is "an individual or institution that provides medical care" (SHP, p. 1043). Physicians, Registered Nurses and Licensed Practical Nurses constitute the largest groups of individuals among the health care providers in Pennsylvania, according to a survey of health manpower professionals conducted during 1977-79 by the Pennsylvania Health Data Center (Pennsylvania Department of Health) to determine the active rates in the Health Service Areas (SHP, p. 38). At this time there were 16,457 active physicians in Pennsylvania (1,339 osteopathic physicians and 15,118 medical physicians) who worked one or more hours per week, although "not necessarily engaged in direct patient care." This represented a ratio of 1.95 physicians for every 1,000 residents. There were 71,771 Registered Nurses and 24,377 Licensed Practical Nurses (SHP, p.39).

These direct health care providers work in a variety of settings. In 1980, according to the State Health Plan (pp. 41-45), the state's health care system included: 231 short term acute care health facilities; 62 specialty hospitals (32 of which provided psychiatric care, 13 were rehabilitation facilities, and 17 provided other services); 313 inpatient (nonhospital) facilities (28 for the emotionally disturbed, 76 for the mentally retarded, 83 for substance abusers, 78 for dependent children, and 48 others); 201 primary health care centers (group practices, community health centers, and hospital based family centers); and 632 nursing homes.

Direct health care providers may also be privately employed or, particularly in reference to nurses, they may be employed through agencies to provide health care services in noninstitutional (e.g., in-home) settings.

Physicians

The SHP (p. 1041) defines a physician as "a professional person qualified by education and authorized by law, usually by having obtained a license, to practice medicine." According to 1978 data from the American Medical Association, Pennsylvania ranked fifteenth nationwide for physician ratio (SHP, p. 948). In 1978 there were 6,764 primary care physicians (5,845 medical physicians and 919 osteopathic physicians) in Pennsylvania who provided a primary care ratio of one physician to every 1,737 residents. Primary care physicians are defined (SHP, p. 1042) as: general practitioners, family practitioners, internists, pediatricians, and obstetrician-gynecologists.

Table 5 describes the 1978 distribution, by Health Service Area in Pennsylvania, of primary care physicians.

Table 5

PHYSICIAN TO POPULATION RATIOS, BY HSAs, 1978, FOR ACTIVE MEDICAL DOCTORS AND OSTEOPATHS (PRIMARY CARE PHYSICIANS)

HSA	Primary Care Physicians	Physician to Population Ratio
I	2,765	1:1,350
II	551	1:1,645
III	268	1:2,988
IV	822	1:1,642
V	336	1:2,171
VI	1,324	1:2,179
VII	321	1:2,322
VIII	51	1:1,992
IX	226	1:2,187
State	6,764	1:1,737

Sources: Pennsylvania Department of Health, Bureau of Data Systems; Pennsylvania Office of State Planning and Development (State Health Plan, p. 949)

"Primary care" is defined in the State Health Plan (p. 1042) as:

> First contact and continuing health care, including basic or initial diagnosis and treatment, health supervision, management of chronic conditions, and preventive health services. Primary care does not usually require highly sophisticated equipment or specialized resources, and is the least expensive type of health care. . . . A great majority of people's health service needs can be met at the primary care level. For less frequently occurring medical needs, a patient seeks care at the secondary or tertiary level because his primary care provider or hospital emergency service determines that more specialized diagnostic and treatment services are necessary. . . .

Nurses

Persons in need of health care may also require nursing care. The State Health Plan (p. 1039) defines "nursing care":

> Care intended to assist an individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. This includes assisting patients in carrying out therapeutic plans initiated by physicians and other health professionals and assisting other members of the medical team in performing the nursing function and understanding health needs of patients. . . . In Pennsylvania, the practice of professional nursing means diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regiments as prescribed by a licensed physician or dentist.

Nursing services are performed by personnel who, by the terms of their legal licensure or by custom, are expected to perform at different levels of responsibility and functions. State boards of nursing license Registered Nurses (RNs) as professionals, as distinct from Practical Nurses (LPNs) who take a different licensing examination. RNs provide direct nursing care to patients, manage all nursing services, and educate all echelons of nursing personnel. State boards license Practical or Vocational Nurses to provide nursing services under the supervision of the RNs and/or physicians. In 1980, approximately 300,000 LPNs were employed in hospitals in the United

States, where they performed routine nursing tasks, largely under supervision (Nursing and Nursing Education, pp. 26-28).

Pennsylvania's State Health Plan (p. 1039) defines "nurse":

> A person qualified by education and authorized by law to practice nursing care. The term nurse may only be used by registered nurses and licensed practical nurses. Others may use the term "nursing" in connection with a word to distinguish the occupation of the user, including but not limited to "nursing aide" or "nursing assistant."

A Registered Nurse (RN), as further defined in the SHP (p. 1044) is "a nurse who has graduated from a formal program of nursing education and has been licensed by the appropriate authority." Likewise, a Licensed Practical Nurse (LPN) is "a nurse who has graduated from a formally approved program of practical nursing education and has been licensed by the appropriate state authority" (SHP, p. 1036).

During 1977-79, the Pennsylvania Health Data Center (Pennsylvania Department of Health) surveyed health manpower professionals to determine the active rates in the HSAs. Registered Nurses, with a response rate of 92 percent, reported 71,771 active members. Licensed Practical Nurses, with a response rate of 92 percent, reported 24,377 active members. These groups far outnumbered all other major professional groups (SHP, pp. 38-39).

Table 6 shows active Registered Nurses and Licensed Practical Nurses (1977-1979) by Health Service Area.

RNs and LPNs provide nursing care in general hospitals, specialty facilities such as state general hospitals and nursing homes, health clinics and medical centers, and physicians' offices as well as through private duty registries. The 1980s have seen the closing of some hospitals and an increase in the number of nursing homes in the state. The long-term effects of the recently mandated prospective payment system, which is manifested in the Diagnosis Related Groups (DRGs) and patient placement in nursing homes

Table 6

ACTIVE* REGISTERED AND LICENSED PRACTICAL NURSES, BY HEALTH SERVICES AREA, 1977-79

Area	Registered Nurses	Licensed Practical Nurses
HSA I	19,205	6,850
HSA II	5,499	1,985
HSA III	5,217	1,742
HSA IV	7,133	3,103
HSA V	4,395	1,641
HSA VI	17,121	5,377
HSA VII	4,953	2,026
HSA VIII	512	170
HSA IX	3,952	1,472
HSA Unknown	3,784	11
Pennsylvania	71,771	24,377

*Active - Works one or more hours per week, however not necessarily engaged in direct patient care.

Source: Pennsylvania Department of Health, unpublished tables based on 1977-79 Surveys of Licensed Health Personnel (mimeographed).

or care situations served by home health agencies and full-service home care services, is yet to be measured. However, 1980 data presented in the SHP that describes the scope of patient care capabilities in the state is relevant to the scope of this study, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program (1979-82), because it relates to nursing needs during that period.

Short-Term Acute Care Facilities

As of June 30, 1980, there were 231 general hospitals in Pennsylvania, nearly half of which were located in HSAs I and VI. The average size of a facility was approximately 230 beds, and of the 13 percent that had more than 400 beds, over 63 percent were in HSAs I and VI. The average occupancy rate of all general hospitals was 79.74 percent (SHP, pp. 42-43).

Table 7 reports the number of general hospitals, number of beds, and average occupancy by HSA, as of June 30, 1980. These general hospitals are set up and staffed for adult and pediatric acute care. "Acute care" is "medical care needed for an illness or injury requiring short-term, intense care and usually hospitalization (SHP, p. 1027).

Table 7

NUMBER OF GENERAL HOSPITALS BY NUMBER OF ADULT AND PEDIATRIC
ACUTE CARE BEDS SET UP AND STAFFED AND BY
OCCUPANCY RATES BY HEALTH SERVICE AREA,
JUNE 30, 1980

Area	Number of General Hospitals	Number of Beds					(Percent) Average Occupancy
		1-99	100-199	200-299	300-399	400+	
HSA I	66	7	18	20	10	10	83.15
HSA II	13	1	3	3	4	2	82.54
HSA III	22	4	10	6	2	-	78.75
HSA IV	20	4	5	4	3	4	78.62
HSA V	21	7	10	2	1	1	71.71
HSA VI	47	4	11	16	7	9	71.71
HSA VII	23	8	11	1	1	2	80.23
HSA VIII*	5	4	-	-	1	-	72.48
HSA IX	14	5	5	1	2	1	73.42
Pennsylvania	231	44	73	53	31	29	79.74

*Includes only those counties in the NY-PENN HSA that are in Pennsylvania.

Note: One hospital did not supply enough data to be included in calculations.

Source: 1980 Annual Hospital Questionnaire, Pennsylvania Department of Health.

At the same time these data were assembled (1980), seven of the nine HSAs in Pennsylvania exceeded national guidelines of four beds per 1,000 persons. HSA II (Eastern Pennsylvania) had set-up-and-staffed bed to population ratio of 3,779, and in HSA IV (South Central Pennsylvania), the ratio was 3,498. The large number of elderly, the great expanse of rural areas throughout most of the state, and the draw of the regional tertiary centers (Pittsburgh and Philadelphia) of out-of-state residents are considerations in determining overbedded situations (SHP, p. 42).

A study of a region's nursing care needs must also be viewed in terms of the type--and intensity--of nursing care needed, as well as areas of nursing care specialization; i.e., critical care; pediatrics; obstetrics; and psychiatric care.

Critical Care Services. As defined by the SHP (p. 633), critical care services are provided in a specific area of a facility which provides maximum surveillance/support of vital functions and definitive therapy for patients who have acute life-threatening impairment of single or multiple-organ systems. These critical care units can include

> Adult intensive care units, pediatric intensive care units, coronary care units, neonatal intensive care units, trauma units, and burn units.

Table 8 reports critical care bed utilization in 1981 (SHP, p. 648), within the state's 231 acute care facilities, by number of beds (by type of utilization), by the number of admissions, length of stay (LOS), and occupancy rate. Critical care beds in this table are defined as CCU (Critical Care Unit), ICU (Intensive Care Unit), and ICCU (combined units).

Table 8

CRITICAL CARE BED UTILIZATION, 1981

HSA	Number Facilities	CCU Beds	ICU Beds	ICCU Beds	No. of Admissions	LOS	Occupancy Rate
I	66	266	391	327	35,366	5.77	75.55
II	13	68	88	54	12,979	4.36	73.83
III	22	37	52	126	10,735	4.76	73.83
IV	19	45	44	210	15,129	4.43	64.11
V	21	35	29	116	10,388	4.25	66.98
VI	[illegible]8	206	269	259	35,610	5.41	74.35
VII	23	16	26	100	8,437	4.35	69.98
VIII	5	-	3	36	1,639	4.36	50.29
IX	14	26	51	54	7,417	4.33	67.18
State	231	699	953	1,283	137,700	5.38	71.76

Source: Pennsylvania Department of Health, 1981 Annual Hospital Survey

The State Health Plan (p. 633) notes that:

> The monitoring/visual observation, and quick response requires (of critical care services) a more intensive nurse-to-patient ratio. Generally, one nurse per two patients is considered optimal, but some cases may require a one-to-one ratio. . . . Where these staffing needs cannot be met, facilities have had to close beds.

The SHP, in setting guidelines for delivery of critical care services, identified staffing needs (pp. 641-642), which include:

> There must be at least one RN per shift. In addition, there should be one nurse (RN, GN or LPN) in the unit per shift for every two patients. . . . The service should also include on-site or by arrangement the following other . . . nursing personnel (RNs, GNs, or LPNs) with special interest and experience and demonstrated ability in treating critically ill patients. . . .

Pediatric Units. The SHP (pp. 429-430) defines a pediatric unit as:

> A discrete complement of hospital facilities, equipment and personnel for the care of children and youth, excluding obstetrical and newborn hospital care.

Table 9 describes pediatric bed utilization in Pennsylvania's HSAs in 1981 by the number of pediatric beds (3,465 in the state), the number of admissions, the average length of stay (LOS), and occupancy rate.

Table 9

PEDIATRIC BED UTILIZATION, 1981

HSA	No. Pediatric Beds	No. Admissions	LOS	Occupancy Rate
I	844	29,177	4.80	60.59
II	245	7,501	3.81	46.80
III	284	9,908	3.82	39.22
IV	357	15,826	3.98	50.03
V	304	12,452	4.06	45.20
VI	866	42,021	3.73	49.42
VII	342	17,090	4.02	54.10
VIII	28	1,631	3.64	15.33
IX	195	8,124	3.86	44.08
State	3,465	143,730	4.04	50.16

Source: Pennsylvania Department of Health, 1981 Annual Hospital Survey

State guidelines (SHP, p. 432) indicate that, to assure quality, nurses who care for children should have training in pediatric nursing and should participate in continuing education in pediatric nursing, the level of continued education being specified for those employed in facilities which have "a licensed and/or discrete pediatric unit which admits patients up to eighteen years" (SHP, p. 423).

Obstetrics and Gynocologic Services. Obstetric services include care to "expectant mothers, labor and delivery, care to the mother, and care of the newborn up the the 28th day of life." Customary practice has been to use one or more formulæ for projecting/reporting obstetrical (OB) and gynocological (GYN) data as a total OB-GYN bed need/utilization figure (SHP, pp. 444, 456). OB and GYN bed utilization data for 1981 are reported in Table 10, which shows the number of OB/GYN beds, the number of admissions, the length of stay (LOS), and occupancy rate (SHP, p. 445).

Table 10

1981 OBSTETRICS UTILIZATION (OB and GYN*)

HSA	Number OB/ GYN Beds	No. Admissions	LOS	Occupancy Rate
I	1,179	73,853	4.09	68.49
II	271	14,045	3.54	70.73
III	221	12,944	3.94	69.09
IV	370	23,659	3.77	69.25
V	283	13,204	3.64	49.19
VI	833	50,582	3.97	67.14
VII	295	16,289	3.75	56.37
VIII	54	2,589	2.93	52.43
IX	213	10,861	3.75	52.43
State	3,719	218,026	3.88	64.75

*Excludes missing data from HSAs:
I - 4 facilities
II - 1 facility
IV - 1 facility
V - 1 facility
VI - 2 facilities
VII - 2 facilities
IX - 1 facility

Source: Pennsylvania Department of Health, 1981 Annual Hospital Survey (State Health Plan, p. 445)

Guidelines for basic staffing and quality in facilities which provide basic obstetrical care are given in the SHP (pp. 466-467):

> The delivery room should be staffed with at least one registered nurse capable of caring for the infant following delivery and assisting in the care of the mother. In addition to a registered nurse, other nursing personnel should be available to assist with those tasks which might divert the nurse from immediate care of the mother and infant.
>
> Personnel in the normal newborn nursery should include:
>
> a. RN on duty at all times whose primary responsibility is the provision of nursing care in labor/delivery area, newborn nursery and post-partum units. He/she should possess knowledge and clinical competence in the nursing care of mother, fetus and infant during labor and delivery and in the post-partum and neonatal periods;

b. One member of the nursing staff is required on each shift for every 6-8 infants receiving normal newborn care.

Nursing competence at a Level I facility (i.e., facility offering perinatal care located geographically such that 90 percent of the population of the area served lives within 30 minutes, under normal conditions) is to include:

a. Appropriate nursing intervention in cases of unexpected complications during labor and delivery, the postpartum and newborn periods;

b. Nursing care for women having uncomplicated vaginal and cesarean birth, including uncomplicated postpartum and newborn care;

c. Early identification of potential or actual deviations from normal in any mother or newborn in any phase of childbearing;

d. Appropriate action when deviations from normal are identified including written recording of signs and symptoms;

e. Technical skill necessary for monitoring maternal-fetal and newborn status; and

f. Care of infants having abnormalities not requiring immediate transfer for care (and their parents).

Educational and training commitments for the staff include (a) willingness to participate in continuing education programs and (b) orientation and inservice training for all hospital staff (e.g., physicians, nurses, and all other staff who have contact with parents and newborns). At Level I maternal and perinatal care is:

> That level of care provided by an obstetrical service which is equipped and staffed to provide general services primarily for uncomplicated maternity and newborn patients, some relatively minor complications of labor and delivery and of newborns, and emergency obstetrical and neonatal services.

(Level II care is provided by an obstetrical service for uncomplicated care but also has the capability to care for a majority of the possible complications of labor, delivery, and newborns. Level III care is provided by an obstetrical service with a comprehensive set of specialized areas that are capable of providing intensive prenatal, intrapartum, and newborn care.) (SHP, p. 462)

Short-Term Psychiatric Care. Since the early 1970s, the general hospital has emerged as an increasingly important component of the mental health treatment system; i.e., if hospitalization for acute mental distress is necessary, admission to a psychiatric unit of a general hospital (or private psychiatric hospital) is preferable to admission to a regional state mental hospital. Psychiatric units in community hospitals tend to have higher staff/patient ratios and are able to provide more active treatment programs for patients who are a threat to themselves or others or who require 24-hour supervision or need to be monitored during the initial stages of chemotherapy (SHP, p. 499). Only two administrative units in the state (Philadelphia and Allegheny) had facilities, in 1980, which reported beds exclusively reserved for children and youth (0-17 years of age), and statewide, there was a shortage of short-term (0-60) days psychiatric treatment beds in acute care facilities (SHP, pp. 499-500). As reported in Table 11, the 1981 Annual Hospital Survey (SHP, p. 503) showed 2,013 psychiatric beds in general hospitals in Pennsylvania, out of total of 3,550 licensed psychiatric inpatient beds located in all community facilities (SHP, p. 502).

Forecast: Acute Care Services. Hospitals are the most visible segment of a community's health services. In Pennsylvania, 92.2 percent of all general hospitals are maintained as voluntary, non-profit institutions, 4.1 percent are investor-owned, and 3.7 percent are operated by the State or local governments. A general hospital, as defined by the American Hospital Association, is:

Table 11

PSYCHIATRIC BED UTILIZATION (SHORT TERM) IN GENERAL HOSPITALS, 1981

HSA	Number Psych. Beds	LOS	Occupancy Rate
I	619	18.84	87.13
II	200	14.77	85.56
III	96	15.89	77.37
IV	216	18.53	84.55
V	102	11.89	68.88
VI	514	15.60	85.66
VII	181	15.87	86.13
VIII	18	11.89	91.76
IX	67	13.46	76.45
State	2,013	16.35	84.49

Source: Pennsylvania Department of Health, 1981 Annual Hospital Survey

> An establishment that provides--through an organized medical staff--permanent facilities that include inpatient beds, medical services, and continuous nursing services--diagnosis and treatment, both surgical and non-surgical, for patients who have any of a variety of medical conditions (SHP, p. 371).

Most care provided in hospitals is categorized as "secondary care," or "specialized consultant care based in large-sized community hospitals." The State Health Plan cites an estimate (applying the known probabilities) that about ten percent of a given population will need community hospital care (secondary care) during a year, with 0.1 percent needing "tertiary care," which is "highly specialized technologically based intensive care centralized in large medical centers and frequently located in universities" (SHP, p. 372).

In 1978, National Guidelines for Health Planning were issued by the U.S. Department of Health and Human Services (as published in the Federal Register, March 28, 1978), based on standards regarding the supply, distribution, and organization of health resources. The Guidelines dealt with utilization rates for general acute care beds, obstetric, neonatal intensive care, and inpatient pediatric services, and specific diagnostic and medical-surgical services. Unit size and necessary population bases for several of these services were also addressed, with the proposal that 4.0 beds per 1,000 population ratio for acute care beds become the standard ratio (SHP, p. 373). This represented a ten percent reduction in the acute care bed population ratio (from 4.46 beds nationwide) within five years, with further reduction, if possible, to 3.75 or below. The 1981 ratio in Pennsylvania was 4.61, with only two HSAs (HSA II, with 3.81 and HSA IV with 3.57) near or below the 4.0 figure. (There were 54,667 acute care beds, 1,959,714 admissions, and 15,784,978 patient days, with an average length of stay of 8.06 days and an occupancy rate of 80.0 in Pennsylvania's hospitals in 1981.) (SHP, p. 385)

The National Guidelines allowed, however, for exceptions from the 4.0 bed figure which would make exceptions in Pennsylvania allowable "due to the rural nature of the Commonwealth, its great medical centers, and its elderly population." Table 12 presents, by HSA and State total, the acute care beds per 1,000 population in 1981 and the 1985 bed need, as predicted from the 1980 U.S. Bureau of the Census and Chapters 19-31 of the State Health Plan (SHP, pp. 385-386).

Table 12

1981 STATEWIDE ACUTE CARE BED UTILIZATION AND PROJECTED 1985 BED NEED

HSA	1981[a] Beds/1,000	1985 Projections[b] Bed Need	Beds/1,000	% of 1981
I	4.96	15,633	4.35	87.70
II	3.81	3,755	3.91	102.60
III	4.83	3,453	4.26	88.20
IV	3.57	4,646-4,709	3.23-3.27	90.42-91.65
V	4.44	3,032	3.96	89.25
VI	4.74	13,222	4.55	96.05
VII	5.07	3,271	4.20	82.98
VIII	4.90	431	4.90	82.35
IX	4.98	2,232	4.46	89.52
State	4.61	49,898-49,961	4.21	91.29

Sources: [a]Pennsylvania Department of Health 1981 Annual Hospital Survey; U.S. Bureau of the Census

[b]1980 U.S. Bureau of the Census and Chapters 19-31 of State Health Plan

The State Health Plan noted (p. 373) that the goal of decreased utilization of inpatient hospital services may be attained through a combination of any of the following actions:

1. Reduction in the number of admissions through use of:
   a. ambulatory care/home health care;
   b. Health Maintenance Organizations (HMOs);
   c. second opinion surgery;
   d. outpatient surgery; and
   e. competition.
2. Reduction in the length of stay of those admitted through:
   a. pre-admission scheduling;
   b. admission scheduling;
   c. expansion of the workweek;
   d. Professional Service Review Organizations (PSROs);
   e. use of nursing home and rehabilitation facility beds; and
   f. hospices.

These optional actions are discussed in the State Health Plan (pp. 374-377), wherein it is noted that the shortage of post-hospital care in three HSAs, particulary nursing home beds, has a direct impact on the length of stay of the elderly:

> While it is recognized that in many instances there is "inappropriate" use of acute care beds by the elderly, it is also recognized that these patients cannot be discharged from the hospital until arrangements can be made for "appropriate" post-hospital care.

In Southwestern Pennsylvania (HSA VI), "post-acute care" beds were defined in the HSA's Long Term Care Plan, which included:

> 1. Having an average length of stay range from a few days to three months.
> 2. Requiring a significant level of medical supervision and services including psychiatric consultation, when appropriate.
> 3. Having medical personnel on call 24 hours a day for emergency purposes.
> 4. . . . The following minimal level of direct medical supervision is required: . . . 3.2 hours of nursing care per patient for each 24-hour day.

Across the state, there have been long-standing problems in providing suitable post-acute care beds, a large percentage of which have been covered by Medicaid or by a combination of Medicare and Medicaid:

> Medicare is a nationwide health insurance program for people 65 and over, for persons eligible for social security disability payments for over two years, and for certain workers and their dependents who need kidney transplantation or dialysis. . . . Title XVIII--Health Insurance for the Aged--of the Social Security Act consists of two separate but coordinated programs--hospital insurance (Part A) and supplementary medical insurance (Part B) (SHP, p. 1038).
>
> Medicaid, also known as Medical Assistance Program, is a federally-aided, state-operated and administered program that provides medical benefits for certain low-income persons in need of health and medical care. The program, authorized by Title XIX of the Social Security Act, is basically for the poor. It does not cover all the poor, but only persons who are members of one of the categories of people who can be covered under the welfare cash payment program: the aged, the blind, the disabled, the members of families with dependent children where one parent is absent, incapacitated, or unemployed. . . (SHP, p. 1037).

In 1979 Medicaid accounted for only 11.5 percent of total hospital expenditures, yet hospital expenditures constituted the largest component of

Medicaid costs in several states and, nationally, accounted for 37 percent of Medicaid expenditures (SHP, p. 992). By 1983, it was evident that a "reimbursement revolution" was under way. The American Journal of Nursing (November 1983, p. 1607) stated:

> For 1,600 hospitals, the familiar cost-plus compensation came to an end October 1 (1983) when Medicare's new diagnosis-related (Diagnosis Related Groups, or DRGs) payment system took effect. Within the year, 80 percent of the U.S. hospitals will have been phased into a new system, which will pay them a set sum for each patient discharged, no matter what their actual costs are.

Hospitals are now having to use sharp measures to institute strong cost control through the development of incentives for efficient delivery of care and reduced outlays for excessive cost increases of inpatient hospital care since the previous "reasonable cost reimbursement" approach under Medicaid has been supplanted by a "prospective payment" system. Care-giving productivity standards have been instituted as part of the cost-containment approach in some hospitals. For example, Detroit's Sanai Hospital tried different RN/LPN/aide mixes in different units and reported that more "enriched" (over 50 percent) RN mixes had lowered the total of patient care hours needed to operate a unit (American Journal of Nursing, December 1983, pp. 1712-1713). Addressing the issue of early discharge (or, shorter length of stay), some hospitals have collaborated to find extra-institutional ways to provide effective health care services. The prospectus for St. Francis Health System/The Western Pennsylvania Hospital (Pittsburgh) "Proposal to Establish a Multi-Institutional Medicare Certified Home Health Agency and a Full Service Home Care Services Corporation" describes the current (1984) environment under the prospective payment system:

> Hospitals and physicians will find an ever-increasing demand for home health and other in-home services. This demand will result from pressure to reduce length of stay by encouraging prompt

> discharge under a prospective payment system and the need to avoid hospitalization if at all possible. Home health care and the provision of other in-home services will enable physicians to more confidently discharge patients as early as medically possible and facilitate an individual's ability to remain in the home and avoid or delay institutionalization. . . .

This prospectus describes a joint proposal to establish two corporations--a for-profit and a non-profit corporation--to provide a "complete array" of home health and home care personnel, products and services:

> The proposed corporate structures are designed with four fundamental principles in mind. First, all regulated, Medicare reimbursed activities should not be comingled with unregulated, primarily private paying services. For example, skilled nursing for the acute patients (a Medicare service) may not need to be combined with skilled nursing for the chronically and terminally ill (not paid by Medicare). Second, all hospitals will have control over the activities of both corporations. Third, all hospitals will have an opportunity to benefit financially from the venture. Finally, there should be a link between support for the non-profit corporation and opportunities to participate in the for-profit corporation.

Because of the cost burden of institutional long-term care (to individuals as well as to Medicare/Medicaid), new types of long-term care such as that proposed by St. Francis/Western Pennsylvania Hospital are emerging. The number and location of nursing homes and the type and quality of care provided may have a different profile as new services are expanded and institutions seek to constrain costs.

Long Term Care

The State Health Plan (p. 1036) defines long-term care as:

> Health or personal care services required by the chronically ill, disabled, or retarded in an institution or at home, on a long-term basis. The term often is used more narrowly to refer only to long-term institutional care such as that in nursing homes, homes for the retarded, and mental hospitals. Long-term care ambulatory services, like home health care, are seen as alternatives.

Persons who require long-term care may be enrolled, privately or with the assistance of public funds, in a long-term facility, sometimes referred to as an extended care facility. These long-term care institutions provide various levels of care (maintenance and personal or nursing care) to people who are not able to care for themselves. They may have health problems ranging from minimal to very serious. Nursing care is provided in facilities within hospitals (for chronic and long-term problems), or they may be skilled nursing facilities or intermediate care facilities, which are defined by the Pennsylvania Department of Health (A Profile of Pennsylvania Hospitals, p. ii):

> Intermediate care facility (ICF) and skilled nursing care facility (SNF) refer to facilities where beds are set up and staffed. (These are) beds regularly maintained in the hospital, as of June 30, 1981, that provide physician services and continuous professional nursing supervision for patients who are not in the acute phase of illness and currently require primarily convalescent, restorative, or long term skilled (SNF) or intermediate (ICF) level nursing care as specifically defined below.
>
> > Intermediate Care (ICF) - a unit which provides for food, shelter, personal care, protection, social services, activities, health services, and supervision for a period exceeding 24 hours, for more than two adults who are not relatives of the operator and who require assistance or supervision in such matters as dressing, bathing, diet, medication prescribed for self-administration and management of personal affairs such as shopping.
> >
> > Skilled Nursing Care (SNF) - high intensity, comprehensive planned nursing care provided with maximum efficiency by a registered professional nurse in instances where his or her judgement is required, or by a licensed practical nurse under professional nurse supervision.

These facilities are called, also, "nursing facilities," a licensing term which refers to facilities providing nursing care; i.e., ICFs and SNFs. Table 13 describes the HSA distribution of SNF and ICF beds in long-term care institutions in Pennsylvania (SHP, p. 45).

Nursing facilities operated at almost 97 percent of capacity in Pennsylvania in 1980 (SHP, p. 785). By January 1981, the number of licensed nursing home beds in Pennsylvania had increased to 71,012, located in

Table 13

NUMBER OF SKILLED AND INTERMEDIATE LICENSED/ APPROVED BEDS, BY HSA, 1979

Health Service Area	Licensed/Approved Beds Skilled	Intermediate	Total Beds
I	18,242	3,317	21,559
II	4,586	2,081	6,667
III	4,122	1,289	5,411
IV	8,391	3,719	12,110
V	4,137	2,922	7,059
VI	8,734	4,281	13,015
VII	4,013	1,576	5,589
VIII	467	147	614
IX	1,450	2,674	4,124
Pennsylvania	54,142	22,006	76,148

Source: 1980 Annual Long Term Care Facilities Questionnaire, Pennsylvania Department of Health.

598 facilities. By 1982, about 90,000 adult Pennsylvanians were being cared for in nursing homes or other institutional settings. The majority of these were over the age of 65. This is to be expected. The number of persons 65 and over in the United States has increased 600 percent since 1900. One-third of these are over 75, and one out of five will eventually spend some time in a nursing home (SHP, pp. 782-793).

Although the elderly are most likely to need institutional nursing home services for their long-term care, there is also a demand on nursing facilities to provide long-term services to the disabled and chronically ill under the age of 65, including the severely handicapped, mentally disabled, and retarded.

Nursing Homes. As of January 1981, over 47 percent of the 598 long-term care facilities in Pennsylvania were certified to participate in the Medicare Program and 91.3 percent were certified under the Medicaid Program.

Among the 59,349 residents who were 18 years of age and above (as shown in Table 14), the median age was approximately 80 years. Almost one-third of all residents were over the age of 85 (SHP, pp. 793, 786).

Table 14

1981 CENSUS OF NURSING HOME RESIDENTS,
18 YEARS OF AGE AND ABOVE,
BY HEALTH SERVICE AREA

HSA	No. Facilities	No. Residents (Age 18+)
I	181	16,496
II	36	5,540
III	47	3,909
IV	96	11,047
V	60	4,568
VI	97	10,253
VII	53	4,532
VIII	6	607
IX	22	2,397
Pennsylvania	598	59,349

Source: Pennsylvania Department of Health, 1981 Nursing Home Survey

Psychiatric Hospitals. In 1981, there were 27 hospitals in Pennsylvania that provided psychiatric inpatient treatment. In these institutions, intermediate and long-term care is provided to many clients from outside the state (SHP, pp. 502-503). Table 15 reports bed utilization in the 16 State psychiatric hospitals and 11 private psychiatric hospitals, as well as the number of beds in each HSA (except NY-PENN, where none are located in Pennsylvania), and a 1981 average length of stay (LOS) of 175.82 days. Occupancy for all beds averaged 82.64 percent.

Table 15

BED UTILIZATION IN PSYCHIATRIC HOSPITALS, 1981

	Number Institutions			Number		Occupancy
HSA	State	Private	Total	Beds	LOS	Rate
I	4	9	13	3,739	100.74	87.85
II	2	-	2	933	267.81	84.69
III	2	-	2	706	341.79	94.83
IV	1	1	2	570	173.56	96.40
V	1	-	1	935	339.59	64.68
VI	4	1	5	3,159	82.49	82.89
VII	1	-	1	1,240	65.47	65.47
VIII	-	-	-	-	-	-
IX	1	-	1	402	83.37	82.64
State	16	11	27	11,684	175.82	82.64

Source: Pennsylvania Department of Health, 1981 Annual Hospital Survey (State Health Plan, p. 503)

State General Hospitals and Specialty Hospitals. In 1980 there were, in Pennsylvania, nine general hospitals operated by the Commonwealth (state general hospitals) and 62 specialty hospitals, the latter including 32 for psychiatric care, 13 for rehabilitation services, and 17 for other services, which operated 15,107 beds (SHP, p. 42).

There were, in 1979, 345 other nonhospital facilities in the Commonwealth. Specialized care was provided in 33 facilities for the emotionally disturbed, 86 for the mentally retarded, 83 for substance abusers, 92 for dependent children, and 51 other inpatient facilities for specific conditions (SHP, p. 44). Table 16 describes the statewide distribution, by HSA, of the state general hospitals and specialty inpatient facilities.

Table 16

NUMBER OF STATE GENERAL HOSPITALS AND INPATIENT SPECIALTY FACILITIES, BY HSA, 1979

HSA Area	State[a] General Hospitals	Other Inpatient Facilities, by Type of Specialty[b]					
		Total	Emotionally Disturbed	Mental Retardation	Drug & Alcohol	Dependent Children	All Other
I	-	124	10	30	29	40	15
II	-	22	1	3	9	7	2
III	6	30	3	15	5	4	3
IV	-	41	8	7	10	10	6
V	2	12	-	4	3	4	1
VI	1	64	7	14	15	16	12
VII	-	36	3	7	9	6	11
VIII	-	3	-	1	1	1	-
IX	-	13	1	5	2	4	1
Total	9	345	33	86	83	92	51

Source: [a] 1980 Annual Hospital Questionnaire, PA Health Data Center.
[b] Ibid. (1979 data)

Intermediate Care Facility Services for the Mentally Retarded (ICF/MR). Since the 1970s, the Commonwealth has been responding to national and State legislation, executive policy, and litigation aimed at providing community-based ICFs/MR; i.e., appropriate care for the mentally retarded in the least restrictive setting.

> As of July, 1981, there were 38 ICF/MR (Intermediate Care Facility for the Mentally Retarded) programs, with a total of 8,683 beds in Pennsylvania. Privately-operated ICFs/MR included 19 facilities with a total of 1,275 certified beds. There were State-operated facilities including 7,408 certified beds. The private facilities ranged in size from 7 beds to 161 beds with an average size of approximately 67 beds. There are 3 facilities with 15 or fewer beds, and 4 with over 100 beds. Over half (12 facilities) fall within the range of 16 to 99 beds. The State-operated facilities range in size from a low of 43 beds to a high of 1206 with an average size of approximately 390 beds (SHP, p. 811).

Legislation requires that an intermediate care facility be an institution that is:

> licensed under state law to provide, on a regular basis, health-related care and services to individuals who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide, but who, because of their mental or physical condition, require care and services (above the level of room and board) which can be made available to them only through institutional facilities. . . .

Rehabilitation Services. Rehabilitation programs provide a broad range of services designed to facilitate the continuing process of restoring disabled people to the "fullest degree of physical, mental, social, and vocational usefulness of which they are capable" (SHP, p. 747). For rehabilitation patients, the emergency phase of illness has been replaced by a need for restorative care, whether following traumatic injury or the effects of extended functional problems caused by chronic illnesses.

The State Health Plan (p. 763) pointed out that medical rehabilitation is a growing area, and during the first two years of the decade of the '80s, more than 500 new medical rehabilitation beds were approved in Pennsylvania, representing a rapid 40 percent increase. Most hospitals in Pennsylvania offer some form of rehabilitation services. In the current (1984) situation (because of DRG-related shortened length of stays for some patients), hospitals are looking to new space-utilization services; e.g., conversion of units from acute care to restorative, or rehabilitation, care. In addition, new free-standing institutions are currently in the planning and building stages.

"Guidelines for the Delivery of Medical/Physical Rehabilitation Services in Pennsylvania" (SHP, p.772, Nos. 29 and 30) recommend that, in a rehabilitation unit or a free standing facility offering comprehensive rehabilitation, there should be total staff/bed ratios (in a 24-hour period) of one Registered Nurse for every one to four inpatient beds and one Licensed Practical Nurse for each five to eight inpatient beds. Further, the nursing staff in a facility offering comprehensive and/or intermediate rehabilitation care should be knowledgeable and skillful in the practice of rehabilitation nursing, "either through formal education or on the job experience in a rehabilitation facility."

Hospice Care. There is no single definition of hospice care, in the sense that all hospices should provide the same minimum set of services in the same way. All hospices, however, whether hospital-based, home-health-based, or free-standing, are designed to meet the needs of the terminally ill (and their families) through palliative (symptom control), supportive, and bereavement care; that is, they are designed to respond to psychological, physical, spiritual, and economic needs. Hospice care in the United States has been in existence only since 1974. By 1982, the concept had been adapted in 55 counties in Pennsylvania through home health care agencies or institutions (including free-standing hospices and institution-based hospices, hospice-care consortiums in which a central hospice organization contracts with home health agencies, and inpatient units to provide hospice care to patients as needed). Hospice care is provided by "an inter-disciplinary team coordinated by a registered and qualified nurse" (SHP, pp. 871-874).

Forecast: Long-Term Care Needs. The State Health Plan (p. 128) lists, as determinants of the need for long term support, three factors that identify the population at risk:

1. The presence and intensity of the functional disability,
2. The nature of functional disability, and
3. The nature of a person's living arrangements.

As noted in the 1982 State Health Plan (pp. 793-795), there are difficulties in forecasting long-term care needs. Not only is there no single agreed-upon methodology for assessing long-term care bed needs, but "the assumed increase in the availability of home care services and strategies to deinstitutionalize current residents may do much to . . . eliminate the unmet need for services."

> The goal must be to decrease the use of nursing home services in favor of less expensive alternatives which meet the needs of the population at risk. . . . To accomplish this goal, there are three main approaches: (1) by moderating future growth of costs in these programs, (2) by seeking to provide a more appropriate mix of services at a lower cost, or (3) by shifting care to other units of government (primarily federal), or to private resources. All three approaches directly involve the use of the reimbursement system (primarily Medicaid) to alter the mix of services available.

Although the (Medicaid) reimbursement system has since been supplanted by the prospective-payment system (i.e., DRGs), the focus on deinstitutionalization, home health care, and other methods of cost containment not only remains, it has become more intense. The SHP (p. 796), in agreement with the concept of cost containment focused through the DRG system, noted that increased savings would be realized by moving patients "from expensive acute care settings to less expensive nursing homes," and, further, that people in nursing homes who do not need the full range of services provided by such facilities could be shifted to an appropriate community setting where supportive services are available.

Other factors impacting on decisions regarding long-term care are such as those detailed in "Guidelines for Optimal Delivery of Institutional Long-Term Care Services" (SHP, p. 799) regarding:

- Accessibility: 90% of the population should be within 30 minutes travel time of nursing home services;
- Availability: there should be between 53 and 59 skilled and intermediate beds per 1,000 persons age 65 and over; and
- Staffing: facilities should utilize an interdisciplinary or team approach to the delivery of health and social services to patients and families.

The latter factor--staffing--is a concern reflected again in the State Health Plan (p. 982), in noting nursing shortages in nursing homes:

> Nursing homes, or long-term facilities, have a greater nursing shortage than is experienced by hospitals. Several unique factors work toward exacerbating the nursing situation among these facilities. Some of these are:
>
> 1. Salaries. Often long-term care facilities cannot compete with salaries offered by hospitals, much less with those offered by temporary nursing. Much of the reason for this is the third-party reimbursement system which allows specified amounts for employing permanent staff.
>
> 2. Working Conditions. Often working conditions in long-term care facilities are even more difficult than in other health care facilities. The nature of the patients' conditions require high levels of care and attention by nurses around the clock. As a consequence, the work can be difficult and frustrating.
>
> 3. The Image Problem. Nursing homes are not considered prime areas of employment for nurses. Beyond the salary problem, the image of nursing homes is static where patients are maintained rather than cured. Also, the nursing home is viewed as the place where the elderly go to die. This is hardly the type of setting where many nurses want to practice.
>
> 4. Lack of Exposure. While student nurses are given varying degrees of exposure to hospitals, many nursing programs do not expose students to nursing homes and long-term care facilities. This results in two problems. First, without exposure, many nurses enter hospital settings without the benefit of alternative opportunities, such as long-term care. Second, those that do choose long-term care may experience "reality shock," a syndrome not uncommon for those unprepared for the realities of long-term care. This often results in high rapid turnover of staff.

Primary Care

Primary care, delivered by a health care professional at any point in the health care delivery system, is the patient's "entry point into a comprehensive health care system"; i.e., a "screening" system, the objective of which is "to maintain or enhance the social and economic productivity of the population" (SHP, p. 926). Primary care may be provided in a general practitioner's office, the emergency room of a hospital, at an outpatient clinic, or any of a variety of group practice organizations, community health centers, or hospital-based family centers. The delivery of primary care systems varies, depending on factors such as population, size, community resources, and incentives for physicians to practice. The three major organizational structures for delivery of primary care services are:

- Solo-practice physicians, who maintain a private medical practice in which the practitioner and his practice are independent of any external policy control.

- Group practice, which is a formal association of three or more physicians or other health professionals providing services with income from their medical practices pooled and redistributed to the members of the group according to some prearranged plan. Group practices are sometimes designated as health maintenance organization (HMO), which provides a full treatment service to an enrolled population in return for the prepayment of a fixed annual sum.

- Primary health care center, or clinic, is an ambulatory center. This "irregularly defined" facility may include or exclude physicians' offices, may be limited to a facility that serves poor or public patients, or may be limited to a facility in which graduate or undergraduate medical education is provided. They are ambulatory centers, staffed by various health care professionals to provide a wide range of primary care services. They may be free-standing or affiliated with a hospital, a university, or a public health department (SHP, pp. 920-921, 1042).

According to the SHP (p. 927), the impetus for primary health care centers began during the 1960s in order to address the lack of access to health care for low-income people, especially in rural and inner-city areas. Federal programs were created in the 1970s to provide resources for the development of nonprofit primary health care services. In Pennsylvania, primary health care centers (as conducted in the early 1980s, according to the SHP, p. 931) typically provided medical services 40 to 49 hours per week, being staffed by either a full-time or part-time physician and, in many centers, medical support personnel including Registered Nurses and Licensed Practical Nurses.

The Omnibus Act of 1981 (P.L. 97-35) created the Primary Care Block Grant to provide funds to states (at their request) to assist in providing primary health services to medically underserved populations through the primary care centers. During 1980 there were 63 community-based Primary Health Care Centers in Pennsylvania (as identified in the SHP, pp. 941-943), with three or more in each Health Service Area, with the exception of HSA II (Allentown). Funding was derived from one or more of 13 sources, ranging from Appalachian Regional Commission to the United States Department of Commerce (Economic Development) and state and regional agencies. The 1980 distribution of these 63 community-based Primary Care Centers is shown in Table 17, which is a regionalized count of the Centers listed in the SHP, pp. 941-943, and reported in the SHP, p. 45:

Table 17

COMMUNITY-BASED PRIMARY CARE CENTERS
PENNSYLVANIA, 1980

HSA	Centers
I	3
II	-
III	10
IV	10
V	11
VI	11
VII	8
VIII	3
IX	7
Pennsylvania	63

Source: Pennsylvania Department of Health (unpublished).

By total count, in 1980, there were 201 primary health care centers for ambulatory clients in the State. This total group included group practices, community health centers, and hospital-based family centers, most of which were established with public funding assistance for the purpose of serving areas otherwise medically underserved.

Nursing

The two year study Nursing and Nursing Education was published in January 1983 by the Institute of Medicine of the National Academy of Sciences. The study, contracted by the U.S. Department of Health and Human Services, was mandated by Public Law 96-76, the Nurse Training Act Amendments of 1979. This study estimated that there were, at the time of the study, more than 1.3 million Registered Nurses employed in the United States, the "largest single professional component of a health care system that representsalmost 10 percent of the gross national product." In all the varied institutional and community settings of patient care, Registered Nurses manage services provided by approximately 915,000 staff-level Registered Nurses, more than 500,000 Licensed Practical Nurses, and an estimated 850,000 aides (Nursing and Nursing Education, p. 1). (In this study, the term "nurse," when used without qualification, referred to a person licensed as a nurse, whether holding the license as a Registered Nurse or a Practical Nurse.)

Nursing and Nursing Education (NNE) advanced 21 Recommendations in response to two Congressional questions: (1) Is there a need to continue a specific program of federal financial support for nursing education? and (2) What are the reasons nurses do not serve in medically underserved areas? Only those Recommendations (pp. 2-21), or significant segments of Recommendations, that appear to have particular relevancy to Licensed Practical Nurses have been cited in the following:

1. (Re Recommendation 1, regarding meeting current and future needs for nurses): As of the fall of 1982, there was not a significant national shortage of generalist RNs or of LPNs, although shortages were identified that occur unevenly throughout the nation in different geographic

areas and in different health care settings. While the number of LPNs grew between 1977 and 1980, the growth rate was slower than for RNs. Almost two-thirds of LPNs employed in the nation worked in hospitals.

2. (Re Recommendation 2, regarding state and local planning for generalist nursing education by program types): Issues of resource allocation for nursing education should be addressed on the local and state levels, rather than federal. The market demand for nurses (projections of needed future supply) appeared to have been "hampered by the absence of balanced methodological alternatives for estimating anticipated future market demands."

3. (Re Recommendation 3, regarding federal education financing to help sustain the basic nurse supply): Federal education financing should maintain its general programs of financial aid to postsecondary students. Students' education costs have risen rapidly over the past few years. "Nursing students, who are predominantly women, finance their tuition and living costs from a combination of sources," and nursing education is entering a period in which resources will be more constrained than in the past.

> Nursing students tend to come from families with moderate incomes or to count heavily on their own resources to finance their education. They bear the cost without the assurance of earnings comparable to those of students in other fields who make similar educational investments. General federal financial aid programs for postsecondary students, designed to improve equality of access to education, have been a major source of financing for students in basic nursing education programs. Reductions in these programs could curtail the number of students entering basic nursing programs. Such reductions were not presupposed in any of the assumptions that led to our estimates of future supply; their impact would be unpredictable.

4. (Recommendation 4):

> Institutional and student financial support should be maintained by state and local governments, higher education institutions, hospitals, and third-party payers to assure that generalist nursing education programs have capacity and enrollments sufficient to graduate the numbers and kinds of nurses commensurate with state and local goals for the nurse supply.

5. (Recommendation 5):

> To assure a sufficient continuing supply of new applicants, nurse educators and national nursing organizations should adopt recruitment strategies that attract not only recent high school graduates but also nontraditional prospective students, such as those seeking late entry into a profession or seeking to change careers, and minorities.

6. (Recommendation 6):

> Licensed nurses at all levels who wish to upgrade their education so as to enhance career opportunities should not encounter unwarrented barriers to admission. State education agencies, nursing education programs, and employers of nurses should assume a shared responsibility for developing policies and programs to minimize loss of time and money by students moving from one nursing education program level to another.

Upward mobility for both LPNs and RNs has been hindered in many places by past failures of educational systems and individual institutions to plan programs that would make successive stages of nursing education "articulated," thus enabling students to obtain academic credits that contribute maximally toward admission and progression in the next stage. There is more and more motivation for RNs and LPNs to pursue further education because of professional pressures arising, in part, from the growing complexity and variety of nursing responsibilities as well as from anticipation that future career and promotional opportunities may well rest on qualifications that differentiate nurses by academic credentials.

7. (Recommendation 7):

> Closer collaboration between nurse educators and nurses who provide patient services is essential to give students an

> appropriate balance of academic and clinical practice perspective and skills during their educational preparation. . . .

8. (Recommendation 9):

> To alleviate nursing shortages in medically underserved areas, their residents need better access to all types of nursing education, including outreach and off-campus programs. The federal government should continue to cosponsor model demonstrations of programs with states, foundations, and educational institutions, and should support the dissemination of results.

Many potential candidates cannot relocate or commute to places where they might find available nursing education that is suitable to their career goals and circumstances. Thus, there can be no major expectation that the nurse labor market will improve significantly in inner-city and rural areas unless concerted actions are taken to develop an indigenous supply.

9. (Recommendation 10):

> To meet the nursing needs of specific population groups in medically underserved areas and to encourage better minority representation at all levels of nursing education, the federal government should institute a competitive program for state and private institutions that offers institutional and student support under the following principles:
>
> - Programs must be developed in close collaboration with, and include commitments from, providers of health services in shortage areas.
> - Scholarships and loans contingent on commitments to work in shortage areas should be targeted, though not limited, to members of minority and ethnic groups to the extent that they are likely to meet the needs of underserved populations, including non-English-speaking groups.

10. (Recommendation 12):

> The rapidly growing elderly population requires many kinds of nursing services for preventive, acute, and long-term care. To augment the supply of new nurses interested in caring for the elderly, nursing education programs should provide more formal instruction and clinical experiences in geriatric nursing. Federal support of such efforts is needed, as well as funding from states and private sources.

The elderly--the most rapidly growing segment of the population--need many of the services that nurses can provide, whether in hospitals, nursing homes, or home care settings. Their needs for care range from preventive, acute care, and rehabilitative services to care that eases the course of terminal illness. Nursing students need realistic preparation to dispel common misconceptions about the problems of the elderly, including attitudinal orientation. "Neither basic nor advanced nursing education programs yet focus sufficiently on academic preparation and clinical experience in geriatrics."*

11. (Recommendation 13):

> Nursing service staffs in nursing homes certified as "skilled nursing facilities" and in other institutions and programs providing care to the elderly often lack necessary knowledge and skills to meet the clinical challenges presented by these patients. Such facilities, in collaboration with nursing education programs and other private and public organizations, should develop and support programs to upgrade the knowledge and skills of aides, LPNs, and RNs who work with elderly patients. States should assist vocational and higher education programs to respond to these needs. Federal support of such programs should be maintained.

12. (Recommendation 19):

> Federal and private funds should support research that will provide scientifically valid measurements of the knowledge and performance competencies of nurses with various levels and types of educational preparation and experience.

There is little empirical evidence on the performance differences of the graduates of the different types of nursing education programs according to established measurable criteria of knowledge, skills, and range of competencies. It is difficult for nurse educators to plan curricula to encourage education advancement, and for nursing service administrators to try to utilize RNs and LPNs most efficiently, and for the various organized groups within nursing who are seeking to establish new levels of licensure or to retain the current ones.

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*Emphasis added.

15. (Recommendation 21):

> To ensure that federal and state policymakers have the information they need for future nurse manpower decisions, the federal government should continue to support the collection and analysis of compatible, unduplicated, and timely data on national nursing supply, education, and practice, with special attention to filling identified deficits in currently available information.

This recommendation recognizes the need to maintain the necessary capability for monitoring the future balance between the nation's demand and perceived needs for licensed nurses (RNs and LPNs). Analysts depend on continuing information, both reliable and national, from many sources: some is collected periodically, some occasionally, and some is "badly out of date, as in the instance of survey information concerning LPNs." There are "serious gaps" in such areas as the costs and sources of financing nursing education, nursing education curricula, the supply and distribution of LPNs, and the staffing of nursing homes.

Issues similar to those addressed in Nursing and Nursing Education were among topics cited in Pennsylvania's State Health Plan (p. 984), wherein, due to the potential impact on the state budget and on the basic delivery of health care services, the Commonwealth was urged to become directly involved in identifying alternative solutions to the "shortage" of nurses. Specific items of inquiry were questions focusing on whether there are incentives to attract new and inactive nurses, whether innovative techniques are being used in Pennsylvania to attract new nurses, whether "career ladders" can be established for nursing professions, and what kinds of changes in nursing practice can be made to relieve some of the adverse working conditions.

The availability of nursing care is a vital component of health care. The way in which it shall be provided has an incontrovertible relationship to the economy.

Nursing Salaries

In April 1981, the Monthly Medical Report, reviewing inflationary hospital costs, stated:

> The single greatest factor behind rising hospital costs has been the higher prices paid for labor, goods, and services. Between 1970 and 1977, increased prices for wages and salaries accounted for 34% of the total cost increase in providing a day of hospital care, while increased prices for goods and services accounted for 23% of the increase.

In 1976, a hospital employee's average hourly earning was $4.35. By 1982, this had increased by 56.6 percent to $6.81 (SHP, p. 117, based on Blue Cross of Northeastern Pennsylvania, Report on Hospital Care in Northeastern Pennsylvania, 1978, 3d ed.).

Between 1972 and 1982, however, earnings of nurses did not keep pace with inflation. Noting that, in general, earnings in occupations with a large number of women are lower than in occupations whose incumbents have similar educational backgrounds and age distributions but who usually are men, Nursing and Nursing Education (pp. 197-198) reported:

> In 1981, RNs ranked 15 among the 20 occupations with the highest median earnings for women employed full time. RN earnings of $331 per week followed the highest earners . . . . all of whom lagged behind the top 20 male-dominated occupations. . . . Although this discussion does not prove that nurses are underpaid, the question remains whether they receive fair remuneration, and whether nursing will be able to continue to attract enough qualified new members to the profession.

This study compared average hourly salaries of selected hospital workers in 21 Standard Metropolitan Statistical Areas (SMSAs) during 1975, 1978, and 1981 (p. 199) and presented an index of average hourly salaries of selected hospital workers in 21 SMSAs relative to general duty Registered Nurses' salaries for the same years (p. 200). These data, presented in Tables 18 and 19, are total average hourly earnings calculated from average hourly earnings in each SMSA weighted by the number of workers in each occupational category.

As can also be seen in Tables 18 and 19, the average hourly salary of the Licensed Practical Nurse is about 75 percent that of the base hourly salary of the RN.

The SHP reported (p. 980) that in 1982 the gap between nurses' incomes and those of other hospital health care personnel was narrowing. In 1960, LPNs' incomes were 70 percent of Registered Nurses' incomes. By September 1982, LPN incomes had risen to 76 percent of RNs' incomes. (Nurses' aides' incomes rose from 65 percent of RNs' incomes in 1960 to 71 percent in 1982. "The gap between nurses' and physicians' incomes has widened in contrast.")

Nursing salaries vary, according to geographic location, type of employment setting, years of service, and (night) shift differential. A May 1981 survey (U.S. Bureau of Labor Statistics, Industry Wage Survey, December 1982) of 2,459 nursing and personal care facilities reported percent distribution of full-time Licensed Practical Nurses, by straight-time hourly earnings, in 21 selected metropolitan areas. Average hourly earnings ranged from a low of $4.98 in Buffalo, New York (276 LPNs reporting) to a high of $8.34 in New York City (2,196 LPNs reporting). Other than New York, only three other SMSAs reported a rate of $7.00 or more. In two other areas also in states contiguous to Pennsylvania (Baltimore and Cleveland), average hourly earnings were $6.14 and $5.99, respectively. In Philadelphia, the only Pennsylvania SMSA reported, 1,005 LPNs earned an average of $6.17 per hour. Only 2.9 percent of the Philadelphia area group earned less than $5.00 per hour and only 6.2 percent earned $8.00 or more per hour. The top salary for LPNs in the Philadelphia SMSA, reported by only 0.2 percent of those surveyed, was shown as in the range of $8.40 to $8.60. The LPNs were, numerically, the largest group of professional/technical occupations

Table 18

AVERAGE HOURLY SALARIES OF SELECTED HOSPITAL WORKERS IN 21 SMSAs, 1975, 1978, 1981

Year	General Staff RNs	LPNs	Head Nurses	Supervisor Nurses	Pharmacists	Medical Social Workers	Dieticians	Registered Respiratory Therapists	Maintenance Electricians
1975	$ 5.94	$ 4.58	$ 6.87	$ 7.67	$ 8.37	$ 7.01	$ 6.22	$ 5.32	$ 6.69
1978	7.05	5.38	8.23	9.16	9.96	7.84	7.31	6.36	7.62
1981	9.53	7.17	11.31	12.46	12.71	9.35	9.35	8.64	10.16
% Change 1975-1978	19%	17%	20%	19%	19%	12%	18%	20%	14%
% Change 1978-1981	35%	33%	37%	36%	28%	28%	28%	36%	33%

Table 19

INDEX OF AVERAGE HOURLY SALARIES OF SELECTED HOSPITAL WORKERS IN 21 SMSAs RELATIVE TO GENERAL DUTY REGISTERED NURSES' SALARIES, 1975, 1978, 1981

Year	General Staff RNs	LPNs	Head Nurses	Supervisor Nurses	Pharmacists	Medical Social Workers	Dieticians	Registered Respiratory Therapists	Maintenance Electricians
1975	100	77	116	129	141	118	104	90	113
1978	100	77	117	130	141	111	104	90	108
1981	100	75	119	131	133	105	98	91	107

Sources: Bureau of Labor Statistics. Industry Wage Survey: Hospitals, August 1975-1976; Bureau of Labor Statistics. Industry Wage Survey: Hospitals and Nursing Homes, September 1978. 1981 data was a compilation of 22 area reports, Industry Wage Survey Report, unpublished as of data table compilation (approximately February 1983).

surveyed, and in the 21 SMSAs included in the survey their earnings usually averaged between $5.50 and $7.00, which typically averaged between 15 and 35 percent an hour less than General Duty (registered) nurses.

A 1982 survey of 90 institutions across the country (University of Texas Medical Branch's 21st annual National Survey of Hospital and Medical School Salaries, American Journal of Nursing, May 1983, p. 712) showed a "significant slowing in the rate of increase in both starting pay and maximum salaries" for nurses, although compared with the general population, which averaged an increase of 8.7 percent in starting rates and 8.6 percent in maximum rates, "nurses fared well." The monthly mean of RNs working 40 hours was $1,464, an hourly rate of $8.44 (compared with the $1,339 per month reported in 1980-81).

The same 1982 University of Texas survey showed a similar increase for LPNs, for whom starting pay "jumped" 11.2 percent in 1982 and another 9.4 percent in 1982, reaching a monthly $1,062 ($6.13 hourly). Maximum pay "climbed" to $1,383 ($8.00 hourly), "with the previous year's surge of 13.6 percent subsiding to 8.2 percent." The report further stated that "many nurses have missed out on the recent uptrend in salaries," and the highest rates reported were roughly double the lowest that were found.

LPN salaries are negotiated by representative organizations, including the state nurse associations (SNAs) and American Federation of State, County, and Municpal Employees(A.F.S.C.M.E.), the latter having reported that "statistics on LPNs in Pennsylvania are not available to us with our resources here" (Washington, D.C., February 1, 1984). American Journal of Nursing (AJN) carries a monthly column, "New SNA Contracts," which reported contracts for Pennsylvania nursing services during 1982 and 1983, as shown in Table 20.

Table 20

SAMPLE OF SNA CONTRACTS REPORTED IN PENNSYLVANIA
(American Journal of Nursing)

AJN Issue	City	Agency	Contract Period	RN	LPN
3-82	Lewistown	Lewistown VNA	2-yr. contract	Base, 15.6% increase; top, 25% increase.	Base, 16.9% increase; top, 20.4% increase.
11-82	Reading	Berks Visiting Nurse Home Health Agency	2-yr. contract w/wage reopener	1st yr.: 8% 50¢/hr. shift differential; 2nd yr.: wage reopener, 55¢/hr. shift differential	-
12-82	Brownsville	Brownsville General Hospital	2-yr. contract	1st yr.: 5% across-the-board; 2nd yr.: cost of living (3.5% min., 7% max.; 58¢ evening differential.	-
2-83	Everett	Memorial Hospital of Bedford	3-yr. contract	1st yr.: $9/hr. (from $7.75): gen'l duty, $7.50; 30¢ shift differential; 2nd yr.: 8% increase; 35¢ shift differential 3rd yr.: wage reopener.	-
2-83	Philadelphia	Hospital of the Medical College of PA	2-yr contract	20.5%, 4 stages (to $11.13-$12.95/hr. range by 6-84). Night differential, up 10% of hourly rate plus 50¢/hr.	-
4-83	Braddock	Braddock General Hospital	3-yr contract	27-36% over 3 years (to $10.40/hr. in 3rd year). Shift differential to increase to 50¢ by 12-84	Starting rate to reach $7.52/hr. in 3rd year.

In 1983 the Pennsylvania Nurses Association (PNA) won agreement on a comparable-worth study that would compare the salaries paid state-employed RNs to those of male state employees performing work at a similar level of skill and responsibility (American Journal of Nursing, October 1983, p.1474):

> The pay-equity project was negotiated as part of a collective bargaining pact ratified in July by 3,500 state-employed RNs and other health professionals represented by PNA. The two-year contract calls for increases totaling 5 percent next year, plus a 2 percent cash payment in 1985 to most employees at the highest step. . . . PNA points out that the concessions were won in a year when many state employees had to take a two-step cut in pay. Starting salaries at some state facilities, however, have not caught up with those at private-sector hospitals. . . . The state also has agreed to set up a joint labor-management team to investigate the scheduling problems created by understaffing at some institutions.

In May 1983, American Journal of Nursing (p. 702) cited a special report by the American Nurses Association (ANA) on the relationship between RN pay and hospital costs. ANA estimated that RNs' wages would account for only 11 percent of total hospital spending in 1983, when hospital expenditures were expected to rise 12 percent. Also cited was an American Hospital Association (AHA) Research and Educational Trust report of hospital expenses from 1976 to 1981 (a period when hospital employment was expanding), showing that "labor expense actually declined from nearly 61 percent of total hospital costs in 1976-77 to less than 58 percent in 1980-81."

By December 1983, American Journal of Nursing (p.1709) was reporting that "As Wage Gains Slow, RNs Look Toward Noneconomic Benefits." In this article, it was stated that, "With the cost-containment drive shifting into high gear, hospitals are generally offering smaller salary increases than they were a year ago." In Oregon, wages were frozen in some hospitals, and unemployment and low patient census reduced the demand for nurses. Another factor contributing to the slowdown in wage gains was the institution of DRGs (diagnosis related groups):

> With DRGs in the picture, hospitals expect diminished revenue from the government in the coming year. To ease the blow, hospitals are cutting salaries and RNs have been especially burdened.

Among significant actions reported in other states (loc. cit.) was that 500 Maryland RNs had negotiated a new contract that included a description of RN job responsibilities centered around assessment, planning, and patient teaching. They were relieved of non-nursing functions that are contained in job descriptions for employee classifications in other departments, including collecting and distributing dietary trays, retrieving medications from the pharmacy, and cleaning equipment.

Temporary Nursing Pools. Nursing registries, cr temporary nursing pools, have become a "growing phenomenon associated with the shortage of nurses" (SHP, pp. 982-983). These may be administered by private employment agencies or as inhouse pools of nurses in hospitals. They act as a clearinghouse, matching nurses to temporary positions in a variety of settings (hospitals, long-term care facilities, home health care assignments, etc.).

> The concept is designed to accommodate many of the undesirable aspects of the profession while providing services to health care vendors. The agencies outreach their target areas, collecting nurses to sign up for future assignments. Recruited nurses agree to work certain shifts, specialties, days of the week, etc. Once registered, the agencies inform health care organizations of their available supply of nursing personnel. The nurses are then matched with facilities for temporary work assignments as needed by the facilities. The advantages of this system are appealing to many nurses. These advantages can include:
>
> 1. Competitive salaries.
>
> 2. Choice of work assignments.
>
> 3. Choice of work days.
>
> 4. Less frustration and dissatisfaction resulting from full-time work in a particular hospital or nursing home.
>
> While the effects of the temporary pools have been generally positive for the individual nurse, the effect on institutions (has)

> generally been negative (because of): higher costs. . . .; poor quality care . . . ; lack of continuity . . . ; lower morale among permanent staff (the temporary nature of pool nurses tends to increase the responsibilities of permanent staff who do not receive additional remuneration).

To insure overall quality care, the Department of Health "is recommending the passage of legislation to regulate and control temporary pools" (SHP, p. 983). Among the State-recommended minimum guidelines were:

1. At least minimum licensing and training for the temporary employment according to position.
2. Assurance that temporary employees are physically able to perform the assigned duties.
3. One year of satisfactory nursing experience with evidence of having met a minimum standard of continuing education.
4. Minimum orientation of policies and procedures by the temporary pool organization before referring the nurse to the work setting. This should be followed up with monitoring/evaluation of the temporary employee at the work setting.
5. Evidence of CPR certification required prior to referral to the work site.

Registered Nurses: Supply and Issues Impacting LPNs

By the end of 1982, there were about 1.36 million RNs who were employed or in practice (the nation's "active" RN supply). Two years earlier (November 1980) there had been 1.27 million RNs employed, constituting 77 percent of the 1.66 million who held licensure at the time. (An estimated 200,000 RN graduates had not maintained their licenses.) The number of employed RNs rose between 1970 and 1980 from 722,000 to 1,273,000, an increase from 356 RNs per 100,000 population to 558 RNs per 100,000 population. During this period there was also a "dramatic shift" in educational preparation: older RNs (to age 70) were more likely to be diploma graduates, while at the younger end of the age range, RNs were more likely to hold associate degrees or baccalaurate degrees. Between 1970 and 1980, new graduates increased by 75 percent: from the three types of basic programs which prepare for RN licensure, the actual number increased from 43,639 to 76,415 (Nursing and Nursing Education, pp. 52-53).

In Pennsylvania, in 1980, there were (according to the Pennsylvania Department of Health, State Board of Nurse Examiners' "Annual Survey of Professional Programs Leading to Licensure," Fall 1980) 4,727 RNs graduated from 95 institutions, representing a 20 percent reduction from the number graduated from 113 nursing education institutions in 1973 (SHP, p. 969). These data differ somewhat from that which was presented subsequently in the State Health Plan (p. 971), from which data displayed in Table 21 were extracted. In Table 21, 96 professional nursing programs are reported, 66 of these having held NLN accreditation in 1980. Total enrollments for 1980 were 16,666, of whom 6,200 were reported as graduating (2,128 from baccalaureate degree programs, 1,568 from associate degree programs, and 2,504 from hospital diploma programs). According to this 1980 data, 875 of those enrolled in RN programs had previous education as LPNs: twice as many LPNs had elected to advance their education through associate degree programs as through hospital diploma programs, and nearly 10 times as many had elected an associate degree program rather than a baccalaureate degree program. Marked shifts in the type of registered nursing program in which all 1980 students were enrolled can also be noted: while 40 percent graduated from diploma programs, only 36 percent of all current enrollments (in 1980) were in diploma programs; 25 percent graduated with associate degrees, but only 19 percent of all 1980 students were enrolled in associate degree programs; thus, 34 percent of all graduates were from baccalaureate programs, yet 46 percent of all enrollments were in baccalaureate degree programs. (Note: some variation from 100 percent totals results from rounding.)

Table 21

REGISTERED NURSE STUDENT DATA, PENNSYLVANIA 1980, INCLUDING DIPLOMA, ASSOCIATE DEGREE AND BACCALAUREATE DEGREE SCHOOLS

Type of Program	Number In PA	Number With NLN Accreditation	Student Enrollment: Total Enrolled Number	Student Enrollment: Total Enrolled %	Student Enrollment: No. With Previous LPN Education	1980 Graduates Total	1980 Graduates %
Diploma	49	47	5,961	36	270	2,504	40
Associate Degree	22	11	3,166	19	548	1,568	25
Baccalaureate Degree	25	18	7,584	46	57	2,128	34
Total	96	66	16,666		875	6,200	

Sources: "1980 Annual Survey of Professional Nursing Programs." State Board of Nurse Examiners, 1980.

In Table 22, data from the State Health Plan (p. 977) show average tuition, average total program cost, and program duration for the three types of RN programs in 1979-80 in Pennsylvania.

Table 22

1979-80 NURSING SCHOOL COSTS, PENNSYLVANIA

Type of Program	Average Tuition per Year*	Program Duration	Average Total Program Cost*
Diploma Program	$ 1,426	24-33 months	$ 3,422
Associate Degree	1,108	2 years	2,216
Baccalaureate Degree	2,988	4 years	11,952

*Does not include cost of room and board.
Source: National League for Nursing.

The State Health Plan (pp. 976-978) makes the following observations regarding changing educational preparation:

> One of the greatest influences on nursing supply is the requirements concerning the educational preparation for the RN. This subject continues to be the subject of much controversy. Currently, a nursing student may be licensed as a RN upon the successful completion of a diploma, associate degree, or baccalaureate level program. . . .

The three levels of nursing training programs vary in duration. . . . The levels also vary in educational goals and performance competencies.

The goal of baccalaureate nursing education is to prepare the nursing student to function as a professional nurse in a variety of roles and health care settings. Baccalaureate nurse programs prepare their graduates for roles and positions such as: 1) health care provider in hospitals or community health agencies; 2) managerial-leadership functions such as team leader and head nurse; 3) health promotion and health supervision functions; 4) the teaching or counseling function; and 5) the health and illness screening function.

The diploma and associate level nurse programs are more technical in nature with the major focus being to prepare nurses to care for patients and clients with common, recurring problems. Care is the end product of a diploma-trained nurse's performance. Their function includes routine teaching . . . . The management-leadership function is minimal for the technical nurse and is focused mainly on the management care for his/her own group of patients. A technical nursing program includes only minimal practice in either health screening and assessment or in health promotion and supervision, but it usually includes opportunity to develop skill in illness screening and monitoring. The predominant focus of technical nursing programs is on and should be on cure.

Although both baccalaureate and diploma/associate level educational programs prepare their graduates to carry out all components of the nursing process, there is relatively more emphasis on assessment and evaluation in baccalaureate programs and on planning and intervention in technical programs at the diploma or associate degree level. The program design means that a technically trained nurse will be the most needed in the cure-dominated hospital marketplace. It will still be a while before nurses shift from dependence on and acceptance of the physician's assesement and evaluation of the patient to carrying out these aspects of care for themselves and planning and executing care accordingly.

Approximately 60 percent of baccalaureate nursing education is devoted to preparation for the care provider function, in contrast to 90 to 100 percent of education in diploma and ADN programs. A technical nursing program in which all or most of the time can be spent preparing for the singular caregiver function that predominates in the hospital staff nurse position should produce a better, immediately marketable hospital staff nurse. . . .

The American Nurses Association (ANA) has taken the position that the baccalaureate degree in nursing should be the basic educational credential required for entry into professional nursing practice.

ANA explains that the impetus for baccalaureate education stems from three related reasons. First, advances in health care technology and the concomitant expansion of nursing's knowledge base have widened the necessary scope of basic nursing education; second, increasing consumer demand for health care services has expanded the scope of nursing practice and has created a pressing need for more nurses prepared at the baccalaureate level; third, baccalaureate preparation greatly enhances the RN's opportunities for professional growth and advancement and both horizontal and vertical career mobility.

The ANA further refined their position to include two levels of nurses--the present RN performing the same type of duties as RNs perform now, but trained at the baccalaureate degree level. The second type of RN would become a technical or associate nurse, trained with an associate degree and carrying out duties under the supervision of a B.S. degree nurse.

ANA's position on baccalaureate entry is a future-oriented one with gradual movement toward this goal. They support the concept of "grandfathering" currently licensed RNs at the time that any new licensure requirements are implemented. The ANA states that "the fundamental goals of the professional association's position on entry are to maintain high standards of professional nursing practice and to assure the quality of nursing care services."

Some concerns with ANA's recommended two level nursing education include:

1. "Grandfathered" practicing nurses: Would this provision be applicable for RNs relocating to other states or when applying for other nursing positions?

2. With an apparent shortage of RNs now, how can we afford to influence RNs to return to school and thus leave the labor force?

3. The policy would be expensive not only for the RNs but also will be for the health care facilities and eventually for the patient.

4. Many RNs would have to relocate to attend baccalaureate programs which are located primarily in the metropolitan areas of Philadelphia and Pittsburgh.

5. Baccalaureate programs are more expensive for the student in a time of diminishing federal loan and scholarship programs.

At present time there seems to be no strong evidence that college trained nurses perform better than their diploma/associate degree counterparts. In fact, diploma graduates consistently score higher on the board examinations. . . .

The movement toward two levels of entry into nursing practice will also affect nursing supply in the Commonwealth. If Pennsylvania is to close the gap between nursing supply and demand, greater financial support must be encouraged for nursing students and to schools. Loans/scholarships can not only increase the nurse supply, but maintain the level of nurses now working in the field who would wish to return to school on a part time basis.

The ANA proposal, also known as the "1985 Proposal," was supported by the National League for Nursing in a February 1982 position statement covering nursing roles, scope, and preparation.

Other nursing organizations have opposed the proposal. The Federation of Accessible Nursing Education and Licensure (F.A.N.E.L.) was reported in the "Legislative Awareness Newsletter for the Professional LPN" (Northeastern League of Practical Nursing, Northeastern Pennsylvania, November 1983) as having been organized to:

> (Engage in) all lawful efforts to insure that current educational requirements for RN and LPN licensure are maintained. F.A.N.E.L. supports the current system of four routes to nursing, a system which allows freedom of choice for individuals planning a career in nursing and recognizes the competence of nurses educated in a variety of programs (licensed practical nursing, diploma nursing, associate degree, and baccalaureate degree).

Also quoted in the "Legislative Awareness Newsletter" was a supplemental news item which reported an opinion of the Office of the Attorney General of Minnesota, which stated that the Board of Nursing (of Minnesota) does not have the authority under its current status to require that applicants for nursing licensure hold a specific degree. This opinion stated:

> Dictating a specific degree and/or confining approved programs to four-year colleges is a drastic legal and historical change greatly affecting the rights of individuals and entities, which cannot be accomplished through mere administrative rulemaking. . . . Any legal change having such a significant and new impact on nursing education and entry level requirements must be effectuated by the elected representatives (i.e., the legislature), and not by appointed Board members.

This "decision," the "Newsletter" noted, "is a blow to efforts by proponents of the 1985 Proposal to change the educational requirements for licensure by State Board of Nursing action, bypassing the legislature."

The "Annual Report of the Government Affairs Committee" of the National Federation of Licensed Practical Nurses (NFLPN) addressed the issue of "professional" nurse (1982):

> LPNs must continue the assertion that the Practical Nursing Education Program is indeed the entry-level into nursing practice. LPNs must push for rules and regulations, in each state which will allow implementation of a true articulations mechanism that will lead to acquisition of academic currency (credits) for upward mobility into higher nursing education; if they so desire. LPNs must fight continuously against codification of their state rules and regulations that deny and demean our roles and functions.
>
> The dilemma presented by many splintered RN national organizations . . . . is leading nursing down a false path to "professionalism"--the legislative path. We have seen this concept take the form of internal legislation, in which these organizations pass resolutions affirming . . . their dignity and status. The other form is even more dangerous because the . . . RNs desire to be proclaimed "Professional" by law. This is happening now in states where nurses have allowed, in their Nurse Practice Acts and Rules and Regulations, the phrase, "Professional Nurse" is a Registered Nurse. This dilemma must not be allowed to continue. When we speak of the "Nursing Profession," we are speaking of LPNs and RNs. We license LPNs and RNs, not professional and vocational, nor technical or affiliate nurses.

Whatever the issues on how nursing education shall be provided and through what levels, nursing education must compete with other programs to fill their rosters and the needs of the health care system. There are many forces that affect the quantity and quality of candidates for nurse education and that are beyond the control of educators (NNE, p. 116):

> During the 1980s, in common with almost every other type of post-secondary and vocational education, basic nurse education programs must adapt to a new environment occasioned by a declining United States birth rate that is shrinking the pool of high school graduates.

Not only do other education programs compete for students in general, but they compete for women in particular. Nursing is predominantly a woman's occupation. However, these competitive areas prepare women for occupations in which investments in the costs of education yield a higher rate of return--in salaries as well as other benefits. Nurse educators have an assignment of growing importance. They must have the ability to attract several diverse populations:

> . . . The future may well depend on attracting greater numbers not only of new high school graduates to the established generic nurse education programs, but also of people in older age groups looking for a career change, and other nontraditional students for whom more

> flexible types of programs may be needed . . . . All education programs that prepare students for registered nurse licensure and for practical nurse licensure have unrealized potential for attracting nontraditional students. Although nurses' salaries are low in comparison with many professions, there are offsetting attractions. The practical nurse programs or the associate degree (AD) programs offer opportunities for people who can afford only a 1- or 2-year investment in education*. Nursing has had historically high employment rates . . . . Nursing also offers opportunities for geographic mobility, part-time employment, and for people with family responsibilities, a choice of days and shifts to work. . . . There are several different kinds of potential nontraditional students to whom nurse educators can market their programs. One group consists of people with college or graduate education who wish to change careers. . . . Women whose children reach school age and who wish to reenter the labor force in a stimulating career may also see advantages in nursing. Members of minority and immigrant groups . . . may regard nursing as an occupation that offers prospects for upward social and educational advancement. . . . Attracting more men to nursing could help greatly to enlarge the future supply. . . . Only about 6 percent of newly graduated nurses (RNs) are men. Practical nurse programs graduate an even smaller proportion of men. . . . Licensed practical nurse programs also attract older women. In 1980 almost 40 percent of the newly licensed practical nurses were 30 years of age or older; only about 6 percent were under 20 years of age (Op.cit., pp. 117-118).

Many nurses elect to enter nursing through one level of preparation and later extend their education through articulated programs of advanced placement.

> Almost half the states have recognized the importance of designing nurse education programs to encourage the progression of qualified students through the various levels of nurse education in a manner that minimized duplication of program and student efforts and costs. . . . Registered nurses, practical nurses, and non-nurses meet the program's formal requirements by building on their past academic achievements and clinical experience. . . . In 1980 almost a third of the graduations from BSN programs were of students who already were RNs. Practical nurses are also upwardly mobile. In 1978, about 7 percent of all graduates from basic RN programs, almost 5,000 individuals, had entered as LPNs. . . . In 1982, state boards of nursing in 34 states had approved nurse education programs in which LPNs can become eligible to take the standard examination ("challenge examinations") for RN licensure (Op. cit., pp. 122 - 124).

By 1980, ten colleges in Pennsylvania were offering "second-step baccalaureate programs" which were structured for two years of primarily upper division studies, granting credit for basic nursing education obtained in associate degree or diploma programs (SHP, p. 978). Articulated bi-track programs are also offered in several of Pennsylvania's Practical Nurse programs, whereby students may elect either to exit after attainment of LPN requirements or to continue toward an associate degree through a cooperating community college or a baccalaureate degree through a cooperating four-year institution. To date, however, this kind of articulation is more the exception than the rule in Pennsylvania. Nursing and Nursing Education (p. 125) notes that nationwide, upward advancement for both LPNs and RNs has been hindered where institutions fail to plan their programs on the premise that "successive stages of nursing education should be articulated," wherein course credits and experience already acquired can "contribute maximally toward admission and progression to the next stage." As cited earlier in this chapter, Recommendation 6 (p. 126) in Nursing and Nursing Education was:

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*Emphasis added.

> Licensed nurses at all levels who wish to upgrade their education so as to enhance career opportunities should not encounter unwarranted barriers to admission. State education agencies, nursing education programs, and employers of nurses should assume a shared responsibility for developing policies and programs to minimize loss of time and money by students moving from one nursing education program level to another.

The study which resulted in the report Nursing and Nursing Education was undertaken early in 1981 as a result of "controversy in the late 1970s as to whether further substantial federal outlays for nursing education would be needed to assure an adequate supply of nurses" (NNE, p. xv). The study commission found that estimating the future need for RNs with various educational backgrounds was complicated by differing perceptions of educators and employers "about the appropriate base of knowledge and skills new graduates need" (Op. cit., p. 126):

> These differences began to be apparent when nursing education moved away from its historical base in hospitals in response to abuses

> and inadequacies that were believed to characterize the apprentice type of training they provided. They continue to plague the profession.

Despite current controversy among various groups in nursing, with points of departure centering on issues such as terminology, levels of education, and division of responsibilities, the basic concept of nursing remains: health care is a primary need of the people of the nation, and nursing care is an essential component of health care.

Licensed Practical Nursing

Licensed Practical Nurses are employed nationwide. While the full scope of activities may vary somewhat from one state and one institution to another, the scope of work which they are licensed to perform differs little from state to state. LPNs help to care for the physically or mentally ill and infirm under the direction of physicians and Registered Nurses. They provide nursing care that requires technical knowledge but not the depth of education and training of a Registered Nurse. (The nature of the work, working conditions, employment data, training and other qualifications and advancement, and job outlook, as well as earnings and related occupations are succinctly described in Appendix C as they appear in "Occupational Description: Licensed Practical Nurses" in the 1982-83 edition of the Occupational Outlook Handbook.)

Formalized nursing care--and specific education for nursing--has developed rapidly over the past century, keeping pace with medical, technological, and social developments of the period. The division of labor in professional nursing is characterized by terminology (Registered Nurse and Licensed Practical Nurse), by scope of education, and by work assignments. This has also been a phenomenon of the past century.

In the National League for Nursing's Practical Nursing: Curricula and Competencies, Beaver traced the development of licensed practical nursing in America (pp. 1-4):

> There were only 178 hospitals in the nation when the first school of nursing--the New England School for Women and Children--was founded in 1873. The 12-month program included three months of practical study in medical, surgical, maternity, and night nursing. Through the balance of the century, training was "on-the-job." Nursing salaries were low. Nursing was considered a manual chore, and nurses were classified with domestic servants. Anyone who wanted to work as a nurse could do so.

In 1893 the YMCA of Brooklyn, New York, established a three-month course to train practical nurses for the home. The program taught laywomen to care for chronic invalids, the elderly, and children. Students learned cooking, care of the home, dietetics, simple science, and simple nursing procedures.

By 1900 there were 2,000 hospitals, and the first American organization of nurses was founded. By 1903 each state began to institute methods of registering and licensing nurses, a method through which the abilities of candidates in schools for registered nurses and licensed practical nurses were to be reviewed by a special, appointed examinining board. In 1917, recognizing that standards of curriculum varied greatly, the National League for Nurses Education established a system to oversee standardization of nursing requirements. The title "licensed practical nurse" was not finally adopted until the 1940s, however. Until that time, persons below the level of graduate registered nurse were identified by a variety of titles, such as subsidiary worker, auxiliary worker, nursing attendant, subprofessional worker, and ancillary personnel.

During the 20-year span between World Wars, the nation's standard of living had risen. Rural areas became urbanized. Many hospitals were constructed, and the need for nurses moved from private duty into the hospitals. The Hospital Survey and Construction Act of 1946 provided the vehicle to enlarge hospital facilities. Opportunities were greatly increased for all levels of nursing, including practical nurses, who had proven their value in keeping many hospitals and other health facilities open during World War II.

A 1944 comprehensive study of practical nursing by the U.S. Department of Education resulted in the 1946 George-Barden Act which made federal funds for Practical Nurse programs available to vocational education--and in the first unanimous agreement regarding the duties of the licensed practical nurse:

> Duties were extensive and the responsibility of the practical nurse in carrying out aseptic technique and sterilization was stressed. Aside from outlining specific duties, the study indicated the scope of understanding that the practical nurse needed, frequently using such terms as "judge," "recognize," "appraise" and "determine."

In 1949, the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services made several decisions affecting the

> future of practical nursing. First, they recommended use of the title "licensed practical nurse" rather than other titles that had been suggested. Secondly, they clearly defined the role of the practical nurse, establishing the difference between the professional nurse and practical nurse. Furthermore, the recommendation was made that practical nurses organize to review their own salary and working conditions and to establish their own employment standards. Problems in the licensing and examination of practical nurses were resolved, and for the first time, the need for courses designed to prepare the instructors or practical nurses was recognized. . . .
>
> Until 1940, practical nursing had centered mainly on home care and education was designed to prepare the nurse for that role. The modern concept of nursing has stressed the preparation of the practical nurse for different roles. The practical nurse has had to be prepared not only to serve as a nurse aide side-by-side with other nurses, but also to function independently in caring for a patient with little supervision from physicians or other nurses. The earliest training programs were conducted under private auspices, but in recent decades supervision of schools has been conducted by the state departments of education.
>
> During the 1940s and 1950s, as the number of schools of practical nursing grew, curricula expanded. Various studies were made and convocations of nursing leaders were held to assist schools in improving their curricula to better prepare nurses for their expanding role in the health field. Most programs preparing the LP/VN (Licensed Practical/Vocational Nurse) were extended to 12 months, with an emphasis placed on integrating class instruction with clinical experience.

The American Journal of Nursing (September 1949) also recapped the development of Practical Nursing education, reporting the findings of a survey of the 71 schools of practical nursing, active at the time, which were approved by the National Association for Practical Nursing Education. Sixty of the 71 schools in the nation responded to the questionnaire, showing dates they were established:

(1873 - First school of nursing New England School for Women and Children)

by 1893 - First school organized (New York City) to train practical nurses

by 1930 - 11 schools in operation

by 1945 - 15 new schools in operation

by 1947 - 10 new schools opened
by 1948 - 23 new schools opened
(1949 - 1 new school opened subsequent to the survey)

Data from this survey and a computation of numbers of students enrolled, admitted, and graduated showed a total of 2,597 students enrolled in the 71 schools as of January 1, 1949. During 1948, 1,550 students had been graduated from the 71 schools, and, as of February 1, 1949, the total number of students ever graduated from the 71 schools of Practical Nursing since these schools were established was 13,291.

Practical Nursing in Pennsylvania

The following data, supplied by the Pennsylvania Bureau of Vocational Education, trace the development of Practical Nursing programs in Pennsylvania, the first of which were established soon after the 1946 George-Barden Act.

In 1947, six Practical Nursing programs were started in Pennsylvania. In the Philadelphia program graduates were prepared to make application for "Licensed Attendant" certificates. The first class was enrolled October 15, 1947, with additional groups admitted at three-month intervals. A three-month course of instruction (130 hours) was followed by nine months of in-service training in affiliated hospitals (Medical Service, men and women; Surgical Service, men and women; Children Service; Maternity-Mother and Child five days after delivery; Night Duty; Diet Kitchen--all in General Hospitals; and an eight week period "at Home for Incurables"). Objectives for the course were stated as:

1. Ability to care for:
    a. Convalescent patients
    b. Chronic invalids
    c. The aged
    d. Convalescent maternity patients and their babies
    e. Semi-acutely ill and patients not needing highly technical care

2. Preparation to serve as nursing assistants in hospitals
3. Training for housekeeping as well as nursing duties in the home
4. Understanding of relationships to the physician, the registered nurse, the patient, the family and the community
5. Understanding of the care and normal development of well children. This is essential to the patient's peace of mind and to establishment of a desirable home situation.

(Pages from a recruitment brochure for this program and "Curriculum of Instruction for Practical Nurses in the Philadelphia Public Schools, December 1, 1947" are included as Appendix D.)

1949 Pittsburgh Public Schools started a Practical Nursing Program under a Buhl Foundation grant.

1950 A January 23, 1950, meeting was called by the State Director of Vocational Education to "discuss the practical nurse programs (sponsored by Vocational Education) in operation in Philadelphia and Pittsburgh City Schools."

Minutes of this meeting reported that:

> The State Board for the Registration of Nurses had been invited to evaluate the practical nursing program in the Philadelphia public schools, in order that the students might make application for Licensed Attendant Certification . . . . (Officials of) the Pennsylvania State Nurses Association expressed an interest in, and a need for the well prepared practical nurse . . . . (The program Specialist, Practical Nurse Training, U.S. Office of Education) recommends a State Advisory Council on Practical Nurse Training, a planned program, and a supervisor of the program on a state level (who) would be (a) registered nurse with the additional preparation with at least a BS degree, with experience and preparation in the field of practical nurse training . . . .The definite number of practical nurses now working is not known . . . . there is no state organization of this group, but they do have a national association.

1951 Ambridge School District started a Practical Nursing program (under what is currently known as Section 2508.3 of the Pennsylvania Public School Code.)*

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*See pages 88-89 this document for explanation of Section 2508.3 provisions and procedures.

1953 Johnstown School District started a Practical Nursing program under Section 2508.3 of the School Code.

1956 Title VIII of the Health Amendments Act added Title II of the George-Barden Act for a five-year period. This Act provided basic grant money (of the $5,000,000 distributed nationally) to Pennsylvania on the basis of census data. Funding was provided for Practical Nursing programs (and other Health Occupations Education programs) at a level of 75 percent of cost for the first two years and 50 percent thereafter.

April
1957 The Pennsylvania State Plan for Practical Nursing was accepted by the U.S. Office of Education (USOE).

May
1957 The Pennsylvania Department of Education (then, the Department of Public Instruction) employed a Registered Nurse (Miss A. Louise Harding) as a Technical-Industrial Education Advisor, assigned to the Trade and Industrial Education division of Vocational Education. The Advisor's function was to promote Practical Nursing programs (and other Health Occupations programs) in Pennsylvania.

1960 The bulletin, Practical Nursing Education in the Public Schools in Pennsylvania, was published (Pennsylvania Department of Public Instruction, January 1960). The introduction and program specifications reflected societal changes that influenced nursing as well as the role of the Practical Nurse, serving as a prototype for current PN programs. The "Introduction" is quoted below:

> The rise in the population of this country, coupled with the advancement of medical science, has brought about an increasing demand for professional nurses, practical nurses, laboratory technicians and others who are especially trained in providing health services.
>
> Hospitalization insurance plans and the development of convalescent homes have also been important factors in the ever increasing need

> for people trained in the care of the sick. Today, this demand far exceeds the supply in most communities.
>
> Advances made in treatments and medications have caused a change in the type of nursing care required. The professional nurse must devote more and more of their time to details requiring the highly technical skills of her profession for which she is especially trained, making it necessary for her to depend upon others to perform many of the less technical tasks. The person to whom she looks for this help is the practical nurse.
>
> Pennsylvania officially recognized the status of the practical nurse in 1956, when legislation was enacted which required practical nurses to have special training before they can take the state examination for licensure. The State Board of Nurse Examiners was instructed by the legislature to prescribe and approve courses which prepare candidates for the examination in practical nursing.
>
> The definition of a practical nurse, accepted by the National Association of Practical Nurse Education, the National Federation of Licensed Practical Nurses, and the Interdivisional Committee of the National League for Nursing on Practical and Auxiliary Nursing Services reads as follows:
>
>> "The trained practical nurse is a person prepared by an approved educational program to share in the care of the sick, in rehabilitation and in prevention of illness, always under the supervision of a licensed physician and/or a registered nurse."
>
> The fundamental role of the licensed practical nurse is to provide nursing care for patients whose nursing needs do not require the constant attention of the professional nurse. She is a member of the modern health team. The practical nurse is especially trained to give nursing care to the subacutely ill, mothers and newborn infants, convalescent patients, the aged and infirm, and the handicapped. She is an able assistant to the professional nurse in the care of the seriously ill patient.
>
> The practical nurse may work in hospitals, private homes, convalescent homes, specialized institutions such as psychiatric hospitals, clinics, doctors' offices, and in public health agencies.

This bulletin described types of programs for Practical Nursing, and procedures for establishing PN programs, including "Recruitment":

> The advisory committee and the faculty of the school decide the maximum number of students to be enrolled. The size of a class is governed by teaching facilities both in the school and in the affiliating institutions. Needs of the community and availability of trainees should be studied periodically. Results of these studies are helpful in determining the necessity for enlarging facilities and increasing the class size.

The bulletin also set forth guidelines for agreements with affiliates (for the period of clinical affiliation during students' programs) and supplemental courses for practical nurses who had been licensed by waiver and who wanted to "supplement their practical experience with a formal-type educational program" of 60 hours of instruction. This was directed toward the "nine to ten thousand" practical nurses who had been licensed under a waiver clause of the Practical Nurse Law (Act 376) of the 1956 General Assembly of the Commonwealth. The requirements under this clause were that there must be evidence of three years of experience, although no formal education in practical nursing was required.

The "Instructional Program" published in this bulletin appears as Appendix E.

1961 Title II of the George-Barden Act was extended for another five years.

1963 The Vocational Education Amendments of 1963 made the George-Barden Act (Title II) permanent law.

1965 A second Health Occupations Advisor was employed in the Division of Vocational Education to facilitate services to Pennsylvania schools.

1968 The Vocational Amendments of 1968 repealed the George-Barden Act. These Amendments included Health Occupations Education as one of the program areas; however, basic grants for this purpose were lost.

1970 The Bureau of Vocational Education was reorganized, creating a separate Health Occupations Education Section. The first Advisor (employed in 1957) became the State Supervisor, an Assistant was appointed, and three regional advisors were subsequently appointed to Health Occupations Education. (State Supervisor, A. Louise Harding; Assistant Supervisor, Margaret Horne; Regional Advisors, Mary Myer, Central Region; Helen Swaincott, Eastern Region; Eleanor Deigner, Western Region).

During the period relevant to the subject study, the demand for Practical Nursing programs had increased in Pennsylvania, as it had nationwide. There were 41 schools for Practical Nursing operating under the auspices of the Pennsylvania Department of Education, Bureau of Vocational Education, during 1979-82.

By 1983 a total of 53 programs of Practical Nursing were offered in hospitals, community colleges, area vocational-technical schools, and school districts. These programs are listed in Figure 1, which shows those that were fully approved and initially or provisionally approved. (Asterisks denote those 41 programs included in this study. Geographic locations of these 41 schools is later illustrated, on page 94, in Figure 2.)

Figure 1

PROGRAMS OF PRACTICAL NURSING, 1983

HOSPITAL PROGRAMS

Fully Approved

1.	Alvernia - St. Francis General	Pittsburgh
2.	Camillus - Mercy	Darby
3.	Mercedian - Mercy	Scranton
4.	Presbyterian-University of Pennsylvania Medical Center	Philadelphia
5.	Sacred Heart	Norristown

DEPARTMENT OF EDUCATION PROGRAMS

COMMUNITY COLLEGES:

Fully Approved

6.	Beaver County Community College	Monaca
*7.	Butler County Community College	Butler
8.	College Center-North, Allegheny County Community College	Pittsburgh
9.	Lehigh County Community College	Schnecksville
10.	Montgomery County Community College	Blue Bell

Figure 1, continued

COMMUNITY COLLEGES (continued)

Fully Approved (continued)

*11.	Northampton County Area Community College	Bethlehem
12.	Williamsport Area Community College	Williamsport

Initially Approved

13.	South Campus, Allegheny County Community College	West Mifflin
14.	Westmoreland County Community College	Youngwood

PUBLIC SCHOOLS: Area Vocational-Technical Schools (AVTS)

Fully Approved

*15.	Altoona AVTS	Altoona
*16.	Bucks County AVTS	Penndel
*17.	Carbon County AVTS	Jim Thorpe
*18.	Central Chester County AVTS	Coatesville
*19.	Centre County AVTS	Pleasant Gap
*20.	Clearfield County AVTS	Clearfield
*21.	Crawford County AVTS	Meadville
*22.	Eastern Montgomery County AVTS	Willow Grove
*23.	Fayette County AVTS	Uniontown
*24.	Franklin County AVTS	Chambersburg
*25.	Greene County AVTS	Waynesburg
*26.	Harrisburg-Steelton-Highspire AVTS	Harrisburg
*27.	Hazleton AVTS	Hazleton
*28.	Indiana County AVTS	Indiana
*29.	Jefferson-DuBois AVTS	Reynoldsville
*30.	Juniata-Mifflin Counties AVTS	Lewistown
*31.	Lackawanna County AVTS	Scranton
*32.	Lancaster County AVTS	Willow Street
*33.	Lawrence County AVTS	New Castle
*34.	Lebanon County AVTS	Lebanon
*35.	Lenape AVTS	Kittanning
*36.	Mercer County AVTS	Mercer
*37.	Monroe County AVTS	East Stroudsburg
*38.	Reading-Muhlenburg AVTS	Reading
*39.	Schuylkill County AVTS	Mar Lin
*40.	Somerset County AVTS	Somerset
*41.	Upper Bucks County AVTS	Perkasie
*42.	Venango County AVTS	Oil City
*43.	Warren County AVTS	Warren
*44.	Wilkes-Barre AVTS	Wilkes-Barre
*45.	York County AVTS	York

Figure 1, continued

PUBLIC SCHOOLS (continued)

Provisionally Approved

*46.	Clarion County AVTS	Shippenville
*47.	Greater Johnstown AVTS	Johnstown

PUBLIC SCHOOLS: School Districts (SD)

Fully Approved

*48.	Chester-Upland SD	Chester
*49.	Danville Area SD	Washingtonville
*50.	Erie SD	Erie
*51.	Hanover SD	Hanover
*52.	Philadelphia SD	Philadelphia
*53.	Pittsburgh SD	Pittsburgh

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*Practical Nursing programs in these schools were operated under the auspices of the Pennsylvania Department of Education, Bureau of Vocational Education, 1979-80 to 1981-82.

Source: State Board of Nurse Examiners, Bureau of Professional and Occupational Affairs, Department of State, Commonwealth of Pennsylvania, 1983.

[In addition to the 53 programs of Practical Nursing education offered in Pennsylvania in 1983, there were 96 Registered Nurse programs, 29 of which were generic baccalaureate degree programs (21 fully approved, two provisionally approved, and six initially approved). Of the 21 associate degree nursing programs extant in the State in 1983, 18 were fully approved, two were provisionally approved, and one was initially approved. There were, in addition, 45 fully approved hospital diploma programs and one initially approved hospital diploma program. The 96 programs are identified, by level of preparation and geographic location, in Appendix F, as "Schools of Professional Nursing" from a list of prepared by the State Board of Nurse Examiners, Commonwealth of Pennsylvania.]

Practical Nursing Program Description and Licensing Requirements

All Practical Nursing programs must meet guidelines established in "Rules and Regulations of the State Board of Nurse Examiners for Practical Nurses," which is based on the Practical Nurse Law of Pennsylvania (63 P.S. Para. 651 - 667). This Act established standards for the education of Practical Nurses and the practice of practical nursing, which is described as:

> The performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

The State Board of Nurse Examiners of the Commonwealth administers the Act by "promulgating rules and regulations which establish standards for practical nursing programs and for the conduct of such programs." The Board, which provides for licensure of graduate Practical Nurses from approved programs by examination, by endorsement, and by renewal of licenses, may also suspend or revoke licenses for cause. The Board is authorized to approve basic Practical Nursing programs conducted in hospitals, community colleges, universities, and public school districts and vocational education programs that are under the Department of Education. The Board is charged with regulating the practice of Practical Nursing.

General curriculum requirements, based on "the concept that practical nursing is an integral part of all nursing," are described in the Rules and Regulations document (Pa. B. Doc. No. 83-894, filed July 1, 1983). As stipulated in Section 21.202:

> (a) The curriculum shall be designed to meet the stated objectives of the program.
>
> (b) The program of study shall reflect sound principles of general education and practical nursing education.

(c) The curriculum shall be based on broad areas of learning but shall be limited in depth.

(d) The curriculum shall be flexible enough to permit adaptations according to individual student needs as well as to changing concepts relative to emerging roles.

(e) The curriculum shall provide for instruction and practice in the care of selected individuals with different degrees of illness, with various types of incapacities, and from all age groups.

(f) Scientific facts and concepts selected to be taught shall be limited to those that are essential as a basis for nursing action and are applicable to patient care.

(g) Learning experiences shall be selected and arranged to provide opportunity for the student to learn how to function within the role of the L.P.N. and for the personal growth of students.

(h) Learning experiences shall focus on direct nursing care, and effort shall be made to arrange experiences in a pattern of logical sequence that demonstrate continuity of care.

(i) The plan of instruction shall enable students to develop understanding of the functions of the L.P.N. within different patterns of nursing service.

(j) Course outlines shall include specific behavioral objectives anticipated and shall contribute to the objectives of the total curriculum.

(k) Learning experiences selected shall focus on the needs of the student and shall not be structured to render service to the cooperating agency (clinical experience site).

The State Board Regulations specify that the total Practical Nursing curriculum must include a minimum of 1500 hours, offered within a time period of not less than 12 months. A minimum of 40 percent of the total curriculum is recommended to be theoretical and the remaining 60 percent is to be in "appropriate clinical experience." Total hours of theory and clinical experience should be planned on a 35-hour week basis. Specific curriculum requirements for Practical Nursing programs (Section 21.203) are listed as:

(a) The curriculum shall be based upon the philosophy and objectives of the program and shall be developed, implemented and evaluated by the faculty (of the local program).

(b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills, and abilities necessary for the specific levels of student achievement.

(c) The curriculum shall be planned to promote measurable abilities, as contained in the Test Plan for the Practical Nurse Licensing Examination, published by the National Council of State Boards of Nursing, Inc.

(d) The curriculum shall provide instruction in the following areas:

(1) Physical and biological sciences including appropriate content from basic human anatomy and physiology as well as elementary principles of chemistry, microbiology, physics, and normal nutrition.

(2) Social and behavioral sciences including psycho-social facts and principles basic to personal adjustment and to nursing practice as well as appropriate content on the family and development stages from birth to senescence.

(3) Concurrent or sequential theory and clinical experience in:

(i) the care of patients with simple nursing needs;
(ii) the care of patients with short-term nursing needs; and
(iii) the care of patients with long-term nursing needs.

(4) Clinical experience as provided in paragraph (3) of this subsection shall be provided in the care of men, women and children in a variety of age groups with health problems characteristic of the age group involved.

(5) Theory as required in paragraph (3) of this subsection should include appropriate knowledge from diet therapy and pharmacology as well as scientific facts and selected clinical concepts which are essential as a basis for nursing action and are applicable to patient care.

(6) Learning experiences selected as required in paragraph (3) of this subsection should provide opportunities for the student to: develop an awareness of the needs of patients; learn to plan and give nursing care to selected individuals in various nursing situations that are relatively free of complexity; learn to plan and give nursing care to a group of selected patients; and learn to assist the professional nurse in more complex nursing situations.

(7) Content as required in paragraph (3) of this subsection shall be drawn from information about ethical, moral and legal responsibilities of the practical nurse, current trends in nursing and health delivery systems, and vocational development.

Subsection 21.204, "Changes in curriculum," stipulates that when a program change is contemplated, a plan shall be presented to the Board showing the rationale for the change, the present program, the proposed changed program, the philosophy and objectives of the proposed program, the old and new master rotation or organizational curriculum plans, and the program bulletin and any other pertinent information. "Changes in curriculum," such as may possibly be suggested by fallout effects of the DRG system on nursing emphases or practices, are defined as "changes that are a departure from the requirements of the program." Changes which must be submitted to the Board for approval include:

(1) Changes in the objectives of the program which require alteration of the present curriculum or courses or which increase or descrease the length of the program.

(2) Reorganization of the entire curriculum.

(3) Changes in clinical facilities involving contractual agreements.

The program of study for Practical Nursing is designed in each school to fulfill the functions of the LPN, as described in Subsection 21.145 of the State Board Rules and Regulations:

(a) The L.P.N. is prepared to function as a member of the health care team by exercising sound nursing judgment based on preparation, knowledge, skills, understandings, and past experiences in nursing situations. The L.P.N. participates in the planning, implementation, and evaluation of nursing care in all settings where nursing takes place.

(b) The L.P.N. administers medication and carries out the therapeutic treatments prescribed for the patient.

(c) The L.P.N. participates in the development, revision, and implementation of policies and procedures designed to insure comfort and safety of patients in collaboration with other health care personnel.

(d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.

The Board conducts licensing examinations "at least twice a year, and more often when necessary" (Subsection 21.151, Rules and Regulations). Candidates are admitted to the examination only when all requirements of the Act necessary for eligibility have been completed, including the completion of an approved educational program. The candidate is permitted to practice as a Graduate Practical Nurse(GPN) until the examination is passed for one year only from the completion of the program (except with special permission granted by the Board for extenuating circumstances) if such practice is conducted under the supervision (i.e., the "physical presence") of an "experienced registered nurse" (Subsection 21.154, op. cit.). A Licensed Practical Nurse who graduated from an approved Practical Nursing program in another state and was licensed in another jurisdiction by an examination considered by the Board to be equivalent to the examination required for licensure in Pennsylvania may apply for endorsement in Pennsylvania. Such applicants for licensure by endorsement "shall meet the requirements regarding age (minimum of 18 years), good moral character, preliminary education, and practical nursing education as outlined in the act" (Subsection 21.155, op. cit.). Licensed Practical Nurses in Pennsylvania must apply for renewal of licenses "each biennium in the even-numbered years." Licenses expire on June 30 of these years.

Program Approval

Programs approved to teach Practical Nursing in Pennsylvania must be approved by the State Board of Nurse Examiners for Practical Nurses according to procedures set forth in the Rules and Regulations document. Periodic evaluation by the Board (as well as by the Department of Education) is also required. Subsection 21.162 of the Rules and Regulations defines the types of approval granted by the Board:

> (a) Initial. The Board may grant initial approval to new programs with evidence that acceptable standards are being met, for a period of time necessary to evaluate the results of the licensing examination taken by the first graduates.
>
> (b) Full. The Board will place those programs on full approval which attain or maintain acceptable standards and adhere to the policies and regulations of the Board considered essential for a sound program of practical nursing education.

(c) *Provisional*. The Board may at any time place on provisional approval any program not meeting acceptable standards. Full approval status will not be granted until acceptable standards are met. If acceptable standards are not met, the program will be removed from the approved list.

Program Accreditation

Because educational institutions can vary widely in the character and quality of their programs, the practice of accreditation arose in the United States as a method of conducting nongovernmental peer evaluation of educational institutions and programs. Criteria reflecting the qualities of a sound educational program have been adopted by private educational associations of regional or national scope.

Among the functions of accreditation are: certifying that an institution has met established standards; establishing criteria for professional certification, licensure, and for upgrading courses offering such preparation; and *providing one of several considerations used as a basis for determining eligibility for Federal assistance* (emphasis added). Certain specialized accrediting agencies may accredit professional schools and other specialized or vocational or postsecondary institutions which are free-standing in their operations. Agencies authorized to award accreditation to Practical Nursing programs (i.e., associations recognized by the U.S. Secretary of Education as reliable authorities concerning the quality of education or training offered) are the Accrediting Review Board of the National Association for Practical Nurse Education and Service, Inc. (NAPNES) and the Board of Review for Practical Nursing Programs of the National League for Nursing, Inc. (NLN).

As described in "Nationally Recognized Accrediting Agencies and Associations: Criteria and Procedures for Listing by the U.S. Secretary of Education and Current List" (April 1982), the accrediting procedure usually involves five basic steps:

1. Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.
2. Self-study: The institution or program seeking accreditation prepares a self-evaluation study that measures its performance aginst the standards established by the accrediting agency.
3. One-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine firsthand if the applicant meets the established standards.
4. Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency lists the institution or program in an official publication with other similarly accredited institutions or programs.
5. Reevaluation: The accrediting agency periodically reevaluates the institutions or programs that it lists to ascertain that continuation of the accredited status is warranted.

Having demonstrated, through the rigorous accreditation process, that its programmatic character and quality meet national standards--as well as those required by agencies in the State, a Practical Nursing program that is accredited may be allowed eligibility for Federal funds. This privilege is extended to students enrolled in such programs if they meet the criteria established for the particular financial assistance pool.

By the end of Fiscal Year 1983-84, 14 of the 41 Practical Nursing programs included in this "Impact" study had been granted accreditation through either the National Association for Practical Nurse Education and Service, Inc. (NAPNES) or the National League for Nursing, Inc. (NLN).

Section 2508.3 Assistance

Changes in State funding patterns and general increases in program operation costs have caused, in the past few years, a widening gap in Practical Nursing operating budgets. The end effect has been increased tuition costs charged to Practical Nursing students. Many of these would, even under less inflationary conditions, have been unable to enroll in the Practical Nursing program without financial assistance. Students who are enrolled in nonaccredited programs are not eligible for many of the public financial aid programs. However, the State Legislature made provision for certain categories of students in need of financial assistance. Guidelines: Health Occupations, Part X, 2508.3 (Pennsylvania Department of Education, 1979) describes the procedures whereby public-sector schools may request payments for vocational training of recipients of public assistance and unemployment compensation.

Under Section 2508.3 of the Pennsylvania Public School Code (Act 280, effective July 31, 1968), procedures are established for the preparation of applications to receive reimbursement for conducting programs to:

1. Prepare public assistance recipients or unemployed for immediate employment.
2. Provide training in demand occupations.
3. Provide part-time upgrading to individuals eligible for such programs and where such training is needed for upward mobility.

Act 280, Section 2508.3 states:

> The State Board of Vocational Education shall further establish rules and regulations and thereunder approve and authorize payments from funds specifically including administration, of intensive vocational education classes to increase skill levels for those persons for whom there are no public training programs available as the unfilled and expanding needs of the Pennsylvania economy shall require in the following categories:
>
> (1) Part-time workers not otherwise employed;
>
> (2) Employed persons who are working below their skill levels and capacities.
>
> Said rules and regulations shall further provide for implementation of emergency training programs, as the needs of the Pennsylvania economy and the requirements of the above categorized persons shall require. The board shall authorize said programs and facilities as the needs of the Pennsylvania economy and such persons shall require.

Programs that are eligible are limited to those occupations in which job competency can be developed within a specific period of time. They must be limited to a maximum of one year's duration for any one trainee, except upon request for exception with appropriate justification. Training may be provided for occupations in which a definite need has been established.

Section 2508.3 provides funds to support the training for bona fide public assistance students, who are initially cleared through the local office of the Pennsylvania State Employment Service. These students cannot be required to pay for a pre-entrance examination. All applicants must be residents of Pennsylvania. Although final selection of all students, including public assistance students, rests with the school, no applicant can be restricted on the basis of race, color, religious creed, ancestry, national origin, age, or sex.

Guidelines for funding vocational programs, under Section 2508.3 include:

1. State funds will be used to reimburse approved local educational programs under Section 2508.3, Pennsylvania Public School Code. The department (of Education) will provide advance operating funds for these programs on a scheduled reimbursement basis up to 75 percent of the approved reimbursement during the period of the project.
2. Expenditures encumbered against the current budget cannot be carried into the next fiscal year and must be included in the fiscal reimbursement request for the year of the project. . . .
3. Maximum reimbursement is determined by the total approved amount for the project. . . .
4. The only exception to the 75 percent reimbursement limitation is when the health occupation program includes bona fide public assistance students. In these instances 100 percent of the tuition charges is reimbursable.

If the sponsoring agency (i.e., the school) charges tuition, students are charged on their share of the nonreimbursable portion of the approved total budget, and 60 days after the admission of a class, the school then requests payment of tuition for its bona fide public assistance students. Documentation required for this 100 percent tuition reimbursement includes signed certification of the students' assistance status from the local Board of Public Assistance.

CHAPTER III

PURPOSE AND OBJECTIVES

In 1982 the Pennsylvania Legislature considered the elimination of financial support for the Pennsylvania Bureau of Vocational Education's Practical Nurse Program. However, under interest group concern, support was restored, at a reduced level: the discussions had lacked hard data on the extent to which the Practical Nurse Program had achieved its objectives. Moreover, the continued need for the program as originally perceived had never been verified or refuted.

This study, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program, was conducted by the University of Pittsburgh's Department of Vocational Education for the Pennsylvania Department of Education, Bureau of Vocational Education, Research Coordinating Unit for Vocational Education, with the purpose of investigating the impact of funded Practical Nurse programs conducted in public-sector settings during the three-year period 1979-80 through 1981-82 in order to prepare recommendations for future management of activities. This study provides data that describes the nature and scope of the impact of the investments made in existing programs.

Objectives

The following objectives were accomplished in order to prepare an analysis and recommendations:

1.0 To determine the extent to which the program had been a factor in managing the supply of Licensed Practical Nurses.

2.0 To determine the extent to which the program had been a factor in improving the quality of Practical Nurse training.

3.0 To determine the effect the subsidy had on tuition rates.

4.0 To determine the present employment situation for Licensed Practical nurses (LPNs).

5.0 To determine the projected need for LPNs in the Commonwealth of Pennsylvania for the next five years.

6.0 To determine whether/to what extent the supply/demand for new graduate LPNs has influenced the salaries paid.

7.0 To determine the placement rates for LPNs and for those who received tuition assistance (for the various regions within the Commonwealth, and for all graduates in Pennsylvania); and National placement rates.

8.0 To determine mobility habits or trends for all students supported by the program and for welfare students.

9.0 To determine the failure rates of the state examination (for licensure) for all graduates and for welfare students.

CHAPTER IV

METHODS

Immediately following the award of the contract, a meeting was arranged between representatives of the Bureau of Vocational Education, Pennsylvania Department of Education, and the project team from the Department of Vocational Education, University of Pittsburgh. On October 24, 1983, the first meeting was held at the Bureau of Vocational Education (Harrisburg). Representing the Bureau of Vocational Education were Dr. Carroll Curtis, Director, Research Coordinating Unit for Vocational Education, and Mrs. Helen Swaincott, Supervisor, Health Occupations Education. Dr. Ona Kay Kinter, Project Coordinator, and Dr. Gayle J. Marco, Project Assistant, represented the University. The purpose and objectives of the study were reviewed. Proposed procedures were discussed and arrangements were made for the project team to access pertinent public records and materials. Throughout the duration of the project, periodic meetings and telephone conferences supported project procedures.

Review of the Literature

Pertinent literature regarding Practical Nurse education, Licensed Practical Nursing, health care agencies and organizations, and current trends in nursing was collected and reviewed. These materials included: annual reports from the 41 schools with Practical Nursing programs under the auspices of the Pennsylvania Department of Education; directories and publications of the Pennsylvania Department of Health; nursing journals published during the years of study interest (1979 through 1982); materials furnished by Pennsylvania Practical Nursing organizations; and other materials and data collected through hand-search of the literature. Also reviewed were materials specific to programs of Practical Nursing education, including textbooks, task-based curriculum and curriculum studies (such as Vocational-Technical Education Consortium of States, or "V-TECS"), and program guidelines and other Department of Education governance materials. Meetings were held with representatives of Practical Nursing organizations in Pennsylvania. Correspondence and telephone calls to national and State agencies yielded information to broaden the information base for this study.

Scope of the Study

Assessment of the Impact of the Bureau of Vocational Education's Practical Nursing Program was designed to encompass 41 Practical Nurse programs in Pennsylvania that were under the auspices of the Pennsylvania Department of Education, Bureau of Vocational Education, during Fiscal Years 1979-80, 1980-81, and 1981-82. Two of these were sponsored by community colleges, six by school districts, and 33 by area vocational-technical schools (AVTSs). Although Pennsylvania is divided into nine Health Service Areas (as described in Chapter II, Table 1), it was determined to regard the State in six regions for this study. These regions are more closely analagous to the six regions demarcated in a "Vocational Position Referral Map" used by the State Bureau of Vocational Education (not included in this document). However, slight adjustments to this division were made in an attempt to conform more closely to likely geographic areas employment for graduates of the 41 programs of interest.

Figure 2 is a map of Pennsylvania divided into six regions--Northwest, Southwest, North Central, South Central, Northeast, and Southeast. Marked on Figure 2, are the locations of the 41 Practical Nursing programs, keyed by number as they are listed in Figure 3.

It was agreed that the largest group to be surveyed should be people who had been enrolled in Practical Nursing programs in the 41 schools

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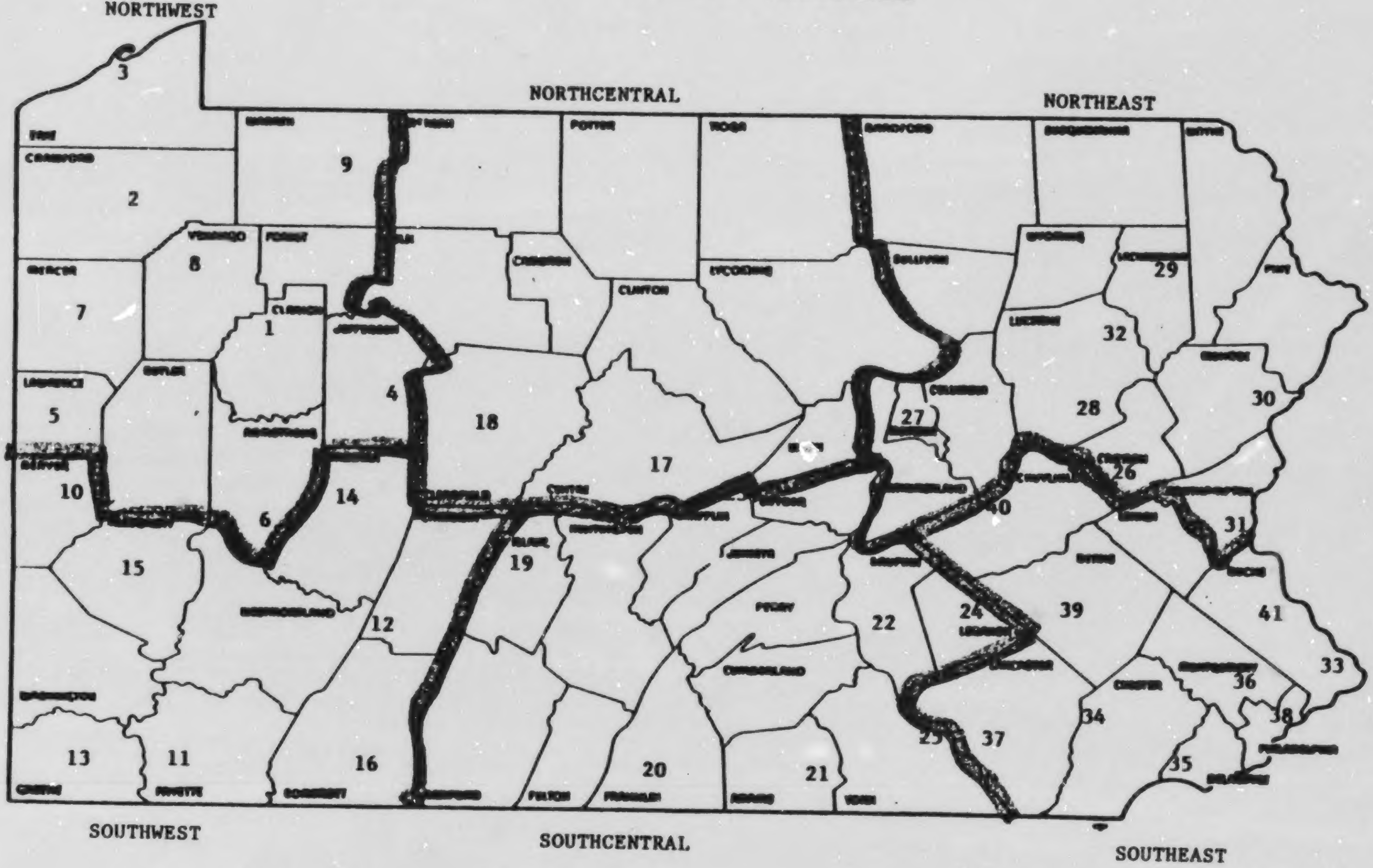
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Figure 2

STUDY REGIONS AND LOCATIONS OF PRACTICAL NURSING PROGRAMS OF STUDY INTEREST

Figure 3

LIST OF PRACTICAL NURSING PROGRAMS OF STUDY INTEREST

Region	County	City
Northwest Region		
1. Clarion County AVTS	Clarion	Shippenville
2. Crawford County AVTS	Crawford	Meadville
3. Erie City School District	Erie	Erie
4. Jefferson County-Dubois AVTS	Jefferson	Reynoldsville
5. Lawrence County AVTS	Lawrence	New Castle
6. Lenape AVTS	Armstrong	
Lenape AVTS-Armstrong County Health Center		Kittanning
7. Mercer County AVTS	Mercer	Mercer
8. Venango County AVTS	Venango	Oil City
9. Warren County AVTS	Warren	
Warren County AVTS-Seneca Street School		Warren
Southwest Region		
10. Community College of Beaver County	Beaver	Monaca
11. Fayette County AVTS	Fayette	Uniontown
12. Greater Johnstown AVTS	Cambria	Johnstown
13. Greene County AVTS	Greene	Waynesburg
14. Indiana County AVTS	Indiana	Indiana
15. Pittsburgh Public Schools	Allegheny	
Connelley Skill/Learning Center		Pittsburgh
16. Somerset County AVTS	Somerset	Somerset
Northcentral Region		
17. Centre County AVTS	Centre	Pleasant Gap
18. Clearfield County AVTS	Clearfield	Clearfield
Southcentral Region		
19. Altoona AVTS	Blair	Altoona
20. Franklin County AVTS	Franklin	Chambersburg
21. Hanover Public School District	Adams	Hanover
22. Harrisburg-Steelton-Highspire AVTS	Dauphin	Harrisburg
23. Juniata-Mifflin County AVTS	Mifflin	Lewistown
24. Lebanon County AVTS	Lebanon	Lebanon
25. York County AVTS	York	York
Northeast Region		
26. Carbon County AVTS	Carbon	Jim Thorpe
27. Danville Area School District	Montour	Washingtonville
28. Hazleton AVTS	Luzerne	Hazleton
29. Lackawanna County AVTS	Lackawanna	
Lackawanna County AVTS - South Center		Scranton
30. Monroe County AVTS	Monroe	
East Stroudsburg State College		East Stroudsburg

Figure 3

LIST OF PRACTICAL NURSING PROGRAMS OF STUDY INTEREST (continued)

Region	County	City
Northeast Region (cont.)		
31. Northampton County Area Community College	Northampton	Bethlehem
32. Wilkes-Barre AVTS	Luzerne	Wilkes-Barre
Southeast Region		
33. Bucks County AVTS	Bucks	
Bucks County Technical School Annex		Penndel
34. Central Chester County AVTS	Chester	Coatesville
35. Chester-Upland School District	Delaware	
Chester High School		Chester
36. Eastern Montgomery County AVTS	Montgomery	Willow Grove
37. Lancaster County AVTS	Lancaster	Willow Street
38. Philadelphia School District	Philadelphia	
James Martin School		Philadelphia
39. Reading-Muhlenberg AVTS	Berks	Reading
40. Schuylkill County AVTS	Schuylkill	
South Schuylkill County AVTS		Mar Lin
41. Upper Bucks County AVTS	Bucks	Perkasie

during the subject years and that information should be collected, to augment State records, from administrators and Practical Nursing Program Coordinators of the 41 schools. A study of program impact must also include the perceptions of agencies who employ--or are likely to employ--Licensed Practical Nurses. Moreover, an impact study of this magnitude must include out-of-state persons with relevant information. Thus, it was determined to include the Executive Secretaries of State Boards of practical nurse licensure and the state supervisors of Health Occupations Education in state departments of education, both on the national scope. From these sources it was anticipated that trends in Practical Nursing in Pennsylvania could be put into the national perspective.

Data Collection

Two types of data collection instruments were constructed: questionnaires to be mailed to the major survey segment, and interview guides to be used for indepth followup with a small sample during on-site visits. Data collection instruments and procedures were reviewed with appropriate State staff, and revisions were made according to their recommendations.

Mailed Survey Questionnaires. Questionnaires were designed to elicit information relevant to the current status of Practical Nursing and Practical Nursing education as well as information about people who had been enrolled in the 41 programs of interest during the study years. Particular areas of interest were trends, mobility, advancement opportunities, and perceptions of program success, quality, and need. Six questionnaires were designed within four major groups:

A. State Personnel

1. "State Board Executive Secretary Questionnaire" (green, Appendix G), was designed for the Executive Secretaries of the individual states' licensing boards.

2. "State Supervisor/Specialist - Health Occupations" (green, Appendix H) was tandem to but more extensive than the questionnaire for the Executive Secretaries of State Boards of Licensed Practical Nursing.

B. Practical Nursing School Personnel

1. "School Administrator Questionnaire" (yellow, Appendix I).

2. "Practical Nurse Program Impact Questionnaire" (blue, Appendix J), which was complimentary to and more extensive than the "School Administrator Questionnaire." This questionnaire was designed for the Program Coordinators of the Practical Nursing programs in the 41 schools of interest. Coordinators were asked, in the cover letter, to forward a copy of (a) the school's Practical Nurse Student Handbook, (b) program philosophy and objectives, and (3) the school's recruitment brochure and/or catalog. Coordinators were also requested to complete and return a form, "Graduate Identification Form," which were lists (by fiscal year) of program completers randomly selected from Department of Education records. This form (included with Appendix J) requested current, if known, mailing addresses and most recent employers, if known. These data were available to Coordinators from their program's most recent graduate followup survey.

C. Practical Nurse Program graduates were mailed the questionnaire, "Practical Nursing Graduate Questionnaire" (buff, Appendix K).

D. "Health Care Agency/Organization" (gold, Appendix L) was designed to be completed by Directors (of Nursing), or other administrators, of acute care facilities, long-term care facilities, clinics.

private health care groups or agencies, private duty (temporary) placement agencies, or other types of agencies or institutions likely to employ Practical Nurses. A sample of employers was randomly selected from Coordinators' "Graduate Identification Forms." The total sample, selected according to region and, in the case of acute-care facilities, according to institutional bed size, is shown in Appendix M.

Cover letters are shown with the appropriate questionnaires in the appendices. Self-addressed return envelopes were enclosed and, for program graduates, postage was affixed. Telephone and/or mail followup was utilized for Practical Nursing school personnel; all other survey subjects received only one request.

The total sample is shown in Table 23, Summary of Mailed Surveys and Response Rate. This table relates the number of questionnaires mailed, the number of returns, and percent returned.

Interview Guides. Structured interview guides were developed to collect extended data regarding Practical Nursing programs from Coordinators and graduates (funding and tuition, placement, local forecasts, scope of program emphasis, utilization, recruitment needs, and procedures) and other information to enhance the quality and utility of the study. Interview guides were also developed for employers of LPNs (i.e., Directors of Nursing, etc.) at health care agencies and organizations. The interview guides, which were extensions of survey questionnaires, were developed for:

1. "Practical Nursing Program Coordinators" (blue, Appendix J-1)
2. "Health Care Agency/Organization" (gold, Appendix L-1)
3. "Practical Nursing Students" of the programs of interest who were

Table 23

SUMMARY OF MAILED SURVEYS AND RESPONSE

Survey Segment	Number Mailed	Number Returned	Percent Returned
1. Executive Secretaries, State Boards of Nurse Examiners	51	40	78
2. State Health Occupations Supervisors/Specialists	51	20	39
3. School Administrators:	41	37	90
Community Colleges	2	2	100
AVTSs	33	31	94
School Districts	6	4	67
4. Practical Nursing Program Coordinators	41	40	98
Community Colleges	2	1	50
AVTSs	33	33	100
School Districts	6	6	100
5. Practical Nursing Program Completers	2,273	1,082	48
Community Colleges	17	7	41
AVTSs	1,787	917	51
School Districts	469	158	34
6. Health Care Agencies/ Organizations	201	63	31
Acute Care	60	23	38
Long-Term Care:			
Private Nursing Homes	22	10	45
Geriatric Care Nursing Homes	22	11	50
State Operated Institutions	18	2	11
Veterans' Hospitals	5	1	20
Medical Centers/ Physicians' Groups	50	11	22
Practical Nurse (Temporary) Agencies	9	-	-
Other	15	5	33
Total	2,740	1,281	47

employed by the health care agencies/organizations that were visited (buff, Appendix K-1)

(These interview guides have been included in the appendices with the primary survey questionnaires to which they relate for ease of reference.)

The interview schedule is shown in Appendix N. The interviews were conducted during May and June, 1983. Visitations were pre-arranged and all were completed except one administrator at a long-term care institution and an administrator and LPNs at a medical center, these omissions having been caused by illnesses. Health care institution administrators were asked to arrange the LPN interviews. This sometimes resulted in interviews with LPNs who were not graduates of programs (or graduates within specified years) targeted in the parameters of this study.

Data Analysis

Except for open-ended items, the Practical Nurse graduate questionnaires and health care organization/agency questionnaires were analyzed by computer. All other questionnaires and interview guides were hand-tallied. Percentage responses are reported where appropriate.

CHAPTER V

ANALYSIS OF THE DATA

The findings of the study, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program, are presented in this chapter in the following order: State Personnel, which includes State Supervisors/Specialists of Health Occupations Education, and State Board Executive Secretaries, which includes the Executive Secretaries of the State Boards of Licensure for Practical Nursing; Practical Nursing School Administrators and Program Coordinators; Practical Nursing Program Graduates; and employers of Licensed Practical Nurses in Pennsylvania (i.e., Health Care Agencies and Organizations). For all these groups, data collected through survey questionnaires are summarized and presented in tabular form (percentage reporting) and narrative. Summaries of on-site interviews with Practical Nurse Program Coordinators, Practical Nurse Program graduates, and employers are included in the appropriate section of the chapter. Data are usually presented in the order in which questions were posed in the individual questionnaires.

State Personnel

The Practical Nursing Impact Study "State Board Executive Secretary Questionnaire" (shown in Appendix G) and the Practical Nursing Impact Study "State Supervisor/Specialist - Health Occupations Questionnaire" (Appendix H) were mailed to a nationwide population in order to collect baseline data to which Pennsylvania Practical Nursing program outcomes could be compared. Some items on these questionnaires were identical, with the practical intent that, should one intended respondent from a state not respond, the data could be collected via the other. Where items from the two instruments were the same, the State Supervisor/Specialist's response and the State Board Executive Secretary's response are presented together.

Fifty-one questionnaires (one to each state and the District of Columbia) were mailed to State Supervisors/Specialists - Health Occupations. Twenty persons responded, for a response rate of 39 percent. (Some State Supervisor of Health Occupations' offices were not housed at the state's Department of Education, which was the available address.)

Fifty-one questionnaires (one to each state and the District of Columbia) were mailed to Executive Secretaries of State Boards of Nurse/Practical Nurse Examiners. Forty completed questionnaires were returned, for a response rate of 78 percent.

The combined total of responses from State Supervisors and State Board Executive Secretaries represented 42 states, or 82 percent of the 51 political jurisdictions to which questionnaires were mailed.

[States from which responses were received from neither the Program Supervisor nor the State Board Executive Secretary are not listed in tabuler displays. In displays where one or both state personnel responses were received, both Supervisors and Secretaries are listed, even when only one responded to the topical item. When both respondents from one state responded to the same item but gave differing answers, no attempt was made to justify or rectify the differences or to provide interpretation. It should be noted, however, that information available to respondents may have differed; likewise, their perceptions of interpretation of a question may have varied. For example, to the question, "How many Practical/Vocational Nursing programs are there in your state?" differing responses from the same state may have been due to lack of specificity in the question about whether the intent was to identify all programs ("fully approved," "initially approved," and "provisionally approved") or only those programs which were "fully approved" at the time of response, or only those programs under state vocational education jurisdiction.]

Table 24 reports all respondents' answers to the question, "How many Practical/Vocational Nursing programs are there in your state?" Also reported in Table 24 are State Supervisors' responses to a question that asked the educational level of Practical/Vocational program attachment. The level of program attachment in each state is presented with the recognition that assignment of the level of program attachment is one of historical development in each state.

Table 24 is presented as a "read-only" (i.e., for-information-only) overview of the Practical/Vocational Nursing program structure, not intended to be statistically relevant because of missing data and variations of interpretations.

Of the 435 Practical/Vocational Nursing programs reported by State Supervisors in Table 24, 134 (31 percent) were shown as Basic Education programs and 213 (49 percent) were, in the reporting states, "Higher Education" (Adult Education) programs. Eighty-eight programs (20 percent) were listed by 13 states as "other," including postsecondary or adult vocational education (in five responding states), hospital programs (in four responding states), and proprietary schools (in two responding states).

Table 24

NUMBER OF PRACTICAL/VOCATIONAL NURSE PROGRAMS, AND LEVEL OF PROGRAM ATTACHMENT, 1984

		P/VN	Level of Program Attachment			
		Programs	Basic	Higher	Other	
State	Respondent	in State	Education	Education	Number	Type of Setting
		n	n	n		
Alabama	Supervisor	-	-	100%	-	-
	Secretary	25				
Arizona	Supervisor	-	1	4	5	Programs are "multiple exit"; the first year of a community college ADN program
	Secretary	12 (5 + 7 with career ladder)				
Arkansas	Supervisor	34	30	2	2	Private hospitals
	Secretary	29				
California	Supervisor	88	-	55	14 19	Private schools Regional (Adult) Occupational Programs
	Secretary	89				
Colorado	Supervisor	-	-	14	2	Hospital and U.S. Army
	Secretary	17				
Connecticut	Supervisor	1	-	-	10	Offered as post-secondary in 10 state vocational-technical schools
	Secretary	1 (10 sites)				
Delaware	Supervisor	-	-	-	-	-
	Secretary	5				
District of Columbia	Supervisor	2	1	-	1	Proprietary
	Secretary	-				
Florida	Supervisor	41	11	28	2	Hospital
	Secretary	-				
Idaho	Supervisor	8	-	8	-	-
	Secretary	8				
Illinois	Supervisor	-	8	32	2	-
	Secretary	36				

Table 24 (Continued)

NUMBER OF PRACTICAL/VOCATIONAL NURSE PROGRAMS, AND
LEVEL OF PROGRAM ATTACHMENT, 1984

State	Respondent	P/VN Programs in State	Level of Program Attachment			
			Basic Education	Higher Education	Other	
					Number	Type of Setting
		n	n	n		
Iowa	Supervisor	30	1	29	-	-
	Secretary	30				
Kansas	Supervisor	-	-	-	11 8	PN/ADN articulated PN (All postsecondary)
	Secretary	-				
Kentucky	Supervisor	16	16	-	-	-
	Secretary	16				
Louisiana	Supervisor	-	-	-	-	-
	Secretary	37				
Maine	Supervisor	-	-	-	-	-
	Secretary	5				
Massachusetts	Supervisor	-	-	-	-	-
	Secretary	26				
Minnesota	Supervisor	-	-	-	-	-
	Secretary	33				
Mississippi	Supervisor	-	-	12 (Junior College)	-	-
	Secretary	13				
Missouri	Supervisor	-	-	-	-	-
	Secretary	35				
Montana	Supervisor	5	-	-	5	Postsecondary Vocational Centers
	Secretary	5				
Nebraska	Supervisor	-	-	8	-	-
	Secretary	-				
Nevada	Supervisor	-	-	-	-	-
	Secretary	4				
New Hampshire	Supervisor	-	-	-	-	-
	Secretary	5				
New Jersey	Supervisor	-	-	-	-	-
	Secretary	31				
New Mexico	Supervisor	-	-	-	-	-
	Secretary	9 (4 + 5 career ladder)				

Table 24 (Continued)

NUMBER OF PRACTICAL/VOCATIONAL NURSE PROGRAMS. AND LEVEL OF PROGRAM ATTACHMENT, 1984

		P/VN	Level of Program Attachment			
		Programs	Basic	Higher	Other	
State	Respondent	in State	Education	Education	Number	Type of Setting
		n	n	n		
New York	Supervisor	52	48	4	-	-
	Secretary	-				
North Dakota	Supervisor	-	-	-	-	-
	Secretary	6				
Ohio	Supervisor	-	-	-	-	-
	Secretary	46				
Oklahoma	Supervisor	-	-	-	-	-
	Secretary	27 (on 32 campuses)				
Oregon	Supervisor	-	-	-	-	-
	Secretary	12				
Pennsylvania	Supervisor	55	41	9	5	Private
	Secretary	54				
Rhode Island	Supervisor	-	-	-	-	-
	Secretary	1				
South Carolina	Supervisor	-	-	-	-	-
	Secretary	29				
South Dakota	Supervisor	5	-	-	5	Postsecondary vocational school system
	Secretary	6				
Tennessee	Supervisor	-	-	-	-	-
	Secretary	19				
Texas	Supervisor	-	-	-	-	-
	Secretary	103 (with 33 extension programs)				
Utah	Supervisor	-	-	-	-	-
	Secretary	6				
Virginia	Supervisor	-	-	-	-	-
	Secretary	52				
Washington	Supervisor	-	-	-	-	-
	Secretary	25				
West Virginia	Supervisor	20	18	-	1 1	Hospital Church College
	Secretary	20				
Wisconsin	Supervisor	13	-	-	13	Vocational, Technical, Adult Education System
	Secretary	14				

State Program Supervisors and State Board Executive Secretaries were asked to supply data about the number of people who graduated from Practical/ Vocational Nurse programs during Fiscal Years 1979-80, 1980-81, and 1981-82. They were also asked to supply data about the annual percentage rate of success on the Practical/Vocational Nurse licensure examination and to list the percentage of students who are placed as Licensed Practical/Vocational Nurses after graduating and passing the State Board Examination. Their responses are jointly reported in Table 25, which, again, because of incomplete data from all states, is a read-only (for-information-only) table. The number of graduates of Practical/Vocational Nurse programs increased sharply in some states, decreased in others, remained relatively stable in some, and varied over the three-year period in other states. In Pennsylvania, the total number of graduates over the period 1979-80 to 1981-82 was 7,124, or an average of 2,375 new graduates each year from all Practical Nurse programs in the State.

A graduate Practical Nurse (GPN) achieves licensure (as a Licensed Practical Nurse) by passing a nationally administered test, which is administered twice each year (April and October) through the State Board of Nurse Examiners. The passing score, out of a possible 800 points, is 350. According to the National Council of State Board Executive Secretaries, the national mean score is usually appoximately 525. In Pennsylvania, the mean score is normally 10 to 20 points higher than the national mean.

In Pennsylvania, during 1979-80, 95.4 percent of the first-time takers of the State Board examination passed the licensure examination. The first-time-taker/passing rate in 1980-81 was 96.5 percent, and in 1981-82, the first-time rate was 94.2 percent.

[In most states, a Practical Nurse program graduate may sit for the examination as frequently as necessary until the minimum score of 350 has been achieved. At least one state (Georgia) has, by State legislation, recently required that a candidate who fails the test two times must return to an approved 180-hour review course before each subsequent attempt.]

The average annual placement rate for various states is also shown in Table 25. Because data from the states is incomplete, accurate comparison of Practical Nurse graduate placement nationwide with Pennsylvania placements would be inconclusive. However, it can be noted that the lowest statewide average reported was 80 percent and the highest was 98 percent, according to placement rates recorded at the time of questionnaire response (Spring, 1984) by State Supervisors/Specialists of Health Occupations Education.

The normal average annual placement rate in Pennsylvania is 96 percent. For the public-sector schools-of-interest to this study, the annual placement rates were: 96 percent in 1979-80; 98 percent in 1980-81; and 96 percent in 1981-82.

Table 25

PRACTICAL/VOCATIONAL NURSING ANNUAL GRADUATES, STATE BOARD EXAMINATION PASSING RATE AND AVERAGE ANNUAL PLACEMENT RATE

State	Respondent	P/VN Program Graduates				Annual Passing Rate State Board Exam			Average Annual Placement Rate
		Annual Average	FY 79-80	FY 80-81	FY 81-82	FY 79-80	FY 80-81	FY 81-82	
		n	n	n	n	%	%	%	%
Alabama	Supervisor	-	-	-	-	-	-	-	-
	Secretary	1,300	1,162	1,144	1,273	88-90	88-90	88-90	-
Arizona	Supervisor	-	-	-	-	-	-	-	-
	Secretary	300	443	331	307	96	97	97	-
Arkansas	Supervisor	600	600	600	600	92	92	92	96
		(	±50		)	(	±4	)	(±.2)
	Secretary	916	871	850	934	88.1	87.6	86.2	-
California	Supervisor	-	-	-	-	-	-	-	95+ (All who wish a position)
	Secretary	-	-	-	-	56	55	62	
Colorado	Supervisor	-	375-400	375-400	375-400	(Above average)			Down from 86%
	Secretary	500	500	510	525	95	95	95	-
Connecticut	Supervisor	350	159	268	248	-	-	-	97
	Secretary	-	-	301	295	-	99	99	
Delaware	Supervisor	-	-	-	-	-	-	-	-
	Secretary	65	78	61	58	(519.8	517.1	486.0)	-
						(average score)			
District of Columbia	Supervisor	75	49	51	52	(365	394	358)	-
						(average score)			
	Secretary	-	-	-	-	-	-	-	-
Florida	Supervisor	-	-	2,129	2,365	-	93.8	93.1	95
	Secretary	-	-	-	-	-	-	-	-
Idaho	Supervisor	145	138	150	144	95	96	98.5	97
	Secretary	146	144	147	153	98	97	97	-
Iowa	Supervisor	6,000	4,481	5,107	6,015	92.5	91.9	90.2	90-95
	Secretary	2,100	2,114	2,107	2,089	92.8	91.3	90.6	-
Kansas	Supervisor	800	-	-	-	92	92	92	98
	Secretary	660	523	704	515	(534	566	560)	-
						(average score)			

Table 25 (Continued)

PRACTICAL/VOCATIONAL NURSING ANNUAL GRADUATES, STATE BOARD EXAMINATION PASSING RATE AND AVERAGE ANNUAL PLACEMENT RATE

		P/VN Program Graduates				Annual Passing Rate State Board Exam			Average Annual Placement Rate
State	Respondent	Annual Average	FY 79-80	FY 80-81	FY 81-82	FY 79-80	FY 80-81	FY 81-82	
		n	n	n	n	%	%	%	%
Kentucky	Supervisor	790	506	605	842	96	95	93	95
	Secretary	-	506	633	842	95	96	91	-
Louisiana	Supervisor	-	-	-	-	-	-	-	-
	Secretary	(900 to 1,000)	900	1,000	1,108	(490	487	489.5)	-
							(average score)		
Maine	Supervisor	-	-	-	-	-	-	-	-
	Secretary	275	-	-	-	98.7	99.4	99.0	-
Massachusetts	Supervisor	-	-	-	-	-	-	-	-
	Secretary	925	1,040	957	914	98.2	97.1	96.0	-
Michigan	Supervisor	-	-	-	-	-	-	-	-
	Secretary	1,692	1,569	1,508	1,567	(542.3	545.5	533.9)	-
							(average score)		
Minnesota	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	1,209	1,108	1,087	91	92	90	-
Mississippi	Supervisor	-	846	797	868	80	77	81	80
	Secretary	800	846	797	868	80	77	81	-
Missouri	Supervisor	-	-	-	-	-	-	-	-
	Secretary	894	936	923	755	93	94.8	93	-
Montana	Supervisor	125	172	129	121	-	-	-	80
	Secretary	125	125	113	126	(539	519	547)	-
							(average score)		
Nebraska	Supervisor	400-450	379	354	408	94	95	97	95+
	Secretary	-	-	-	-	-	-	-	-
Nevada	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	80	80	80	(549	498	533)	-
							(average score)		
New Hampshire	Supervisor	-	-	-	-	-	-	-	-
	Secretary	190 (1983)	115	150	138	(555.4	576.5	553.8)	-
							(average score)		

Table 25 (Continued)

PRACTICAL/VOCATIONAL NURSING ANNUAL GRADUATES, STATE BOARD EXAMINATION PASSING RATE AND AVERAGE ANNUAL PLACEMENT RATE

		P/VN Program Graduates				Annual Passing Rate State Board Exam			Average Annual Placement Rate
State	Respondent	Annual Average	FY 79-80	FY 80-81	FY 81-82	FY 79-80	FY 80-81	FY 81-82	
		n	n	n	n	%	%	%	%
New Jersey	Supervisor	-	-	-	-	-	-	-	-
	Secretary	1,151	-	-	-	-	-	-	-
New Mexico	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	231	243	267	-	-	-	-
New York	Supervisor	1,800	-	1,852	1,849	-	-	69	95
	Secretary	-	-	-	-	-	-	-	-
North Dakota	Supervisor	25	160	240	280	94	92	94	-
	Secretary	-	-	-	-	-	-	-	-
Ohio	Supervisor	-	-	-	-	-	-	-	-
	Secretary	2,300	2,000	2,000	2,200	98	98	97.6	-
Oklahoma	Supervisor	-	-	-	-	-	-	-	-
	Secretary	750	-	-	-	-	-	-	-
Pennsylvania	Supervisor	2,315	2,343	2,340	2,441	94.5	94.2	94.2	96
	Secretary	-	2,343	2,340	2,441	95.4	96.6	94.2	-
Rhode Island	Supervisor	-	-	-	-	-	-	-	-
	Secretary	100	95	86	74	(510	520	493)	-
							(average score)		
South Carolina	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	486	510	527	92	93	93	-
South Dakota	Supervisor	211	207	211	215	93.6	94.7	95	86
	Secretary	206	190	207	221	(514	501	516)	-
							(average score)		
Tennessee	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	850	960	1,000	92.8	94	94.1	-
exas	Supervisor	-	-	-	-	-	-	-	-
	Secretary	5,500	3,850	4,944	4,846	(480	481	471)	-
							(average score)		
Utah	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	-	-	500	-	-	95	-

Table 25 (Continued)

PRACTICAL/VOCATIONAL NURSING ANNUAL GRADUATES, STATE BOARD EXAMINATION PASSING RATE AND AVERAGE ANNUAL PLACEMENT RATE

State	Respondent	P/VN Program Graduates				Annual Passing Rate State Board Exam			Average Annual Placement Rate
		Annual Average	FY 79-80	FY 80-81	FY 81-82	FY 79-80	FY 80-81	FY 81-82	
		n	n	n	n	%	%	%	%
Vermont	Supervisor	-	-	-	-	-	-	-	-
	Secretary	100	-	-	-	90	90	90	-
Virginia	Supervisor	-	-	-	-	-	-	-	-
	Secretary	-	925	981	1,100	91.1	93.5	91.6	-
Washington	Supervisor	-	-	-	-	-	-	-	-
	Secretary	720+	667	705	788	(542.2	545.6	544.5)	-
							(average score)		
West Virginia	Supervisor	549	529	499	618	(517	525.9	516.6)	90
							(average score)		
	Secretary	500	394	406	494	97	97	97	-
Wisconsin	Supervisor	-	755	777	822	-	-	-	88
	Secretary	-	934	897	880	93&96	97&98	98&98	-

State Program Supervisors were asked several additional program-related questions. The first asked if they could relate "about what percent" of the students enrolled in the state's PVN/LPN programs were from the lower socio-economic strata (such as, unemployed or receiving welfare assistance). Most Program Supervisors who returned questionnaires either did not respond to this item or indicated that data were not available due to confidentiality factors. Of the ten respondents who estimated percentages, one respondent from a New England state estimated "five percent," one from a developing southwestern state estimated "ten percent," and one from an extremely urban area estimated "90 percent." The two responses from "Sunbelt" states showed a wide variance that reflected differences in population and industrial expansion: one, a state of heavy development, estimated that 15 percent of the PN sutdents were from lower socio-economic levels and the other, from a state still largely rural, estimated "50 percent." Of the remaining five responding states, two are in the Appalachian region ("41.25 percent" and "about 50 percent"), and the other three are located, approximately, in the Great Plains area: these are largely rural states. They reported "35 percent," "33 percent," and "30 percent."

Program Supervisors were next asked if the state provided tuition remission or assistance for PVN/LPN students based on their relative ability to pay. Only 18 responses were received. Ten Supervisors indicated "no"; one indicated "yes" and added that "various student aid programs were available"; and three states answered neither "yes" nor "no," but responded instead with explanatory comments: in Connecticut and District of Columbia, "no tuition is charged," and in California, "tuition is free until Fall, 1984." None of the respondents who indicated that tuition remission or assistance was provided estimated the numbers of students receiving tuition remission or assistance.

Two items on the questionnaire sent to State Program Supervisors of Health Occupations Education addressed state program funding. The first asked whether PVN/LPN funding in the state was separate from all other education funding. The 19 Supervisors who responded to this item all gave negative answers, indicating that funds are not "earmarked."

The follow-on question asked if the state provided state appropriations for the PVN/LPN programs aside from basic program support. Eighteen of the 19 Supervisors who responded to the previous question (regarding separate funding for PVN/LPN programs) also responded to this item. Thirteen respondents indicated that their states did not provide state appropriations for PVN/LPN programs aside from basic program support, but five State Supervisors (from California, Colorado, Florida, Iowa, and West Virginia) said that this was done in their states.

State Program Supervisors and State Board Executive Secretaries were asked identical questions concerning their perceptions of the outlook for Licensed Practical/Vocational Nursing over the next few years (through 1990) in their states. Table 26 reports responses regarding the outlook for LP/VN employment, Practical/Vocational Nursing program enrollment, and program content or emphasis.

As shown in Table 26, few State Supervisors or State Board Secretaries expected Licensed Practical/Vocational Nursing employment to increase. They differed, however, in regard to whether it would "stay about the same" or "decrease": 68 percent of the State Supervisors expected employment to "stay about the same," a response given by 42 percent of the State Board Secretaries. Where only 26 percent of the State Supervisors expected employment to decrease, an employment decrease was predicted by 53 percent of the State Board Secretaries. Overall, when responses from both groups were combined, 51 percent expected employment to "stay about the same" and 44 percent anticipated a decrease in employment of LP/VNs.

Table 26 also reports perceptions regarding Practical/Vocational Nursing program enrollment through, approximately 1990. State Board Secretaries' responses were very close to those given when asked about employment: three percent predicted an increase in enrollment; 44 percent predicted that enrollments would "stay about the same"; and 53 percent anticipated a decrease in enrollment. Again, State Program Supervisors were, generally, more optimistic than State Board Secretaries. Although none of the Supervisors anticipated an increase in enrollment, 58 percent thought the enrollments would "stay about the same" and 42 percent felt that enrollments would decrease. When all respondents' (Supervisors and Secretaries) views were averaged, 49 percent of the two groups said that enrollment would "stay about the same" and 49 percent said enrollment would decrease.

Also shown in Table 26 are the responses of both groups to the item that invited respondents to check whether "content or emphasis in LPN/PVN education programs will (through 1990) "stay about the same" or "change." Of the 54 respondents, 13 Supervisors (37 percent) and 17 Secretaries (31 percent) felt that program content would "stay about the same," and the majority (15 State Supervisors and 22 Secretaries, or a combined total of 69 percent) felt that program content or emphasis will change over the next few years.

All 37 people who responded that they anticipate change in program content or emphasis (through 1990) also added comments or explanations. Eleven respondents addressed the anticipated effects of DRGs, which would point toward a need for greater emphasis on geriatric nursing, rehabilitation nursing, and home care. One state mentioned the probability of including more pharmacology in the curriculum. Other issues, such as patient assessment and the introduction of IV therapy into the curriculum and either lengthening or shortening the duration of PN programs appear to have particular local importance. All responses are fully stated in Table 26 in order to preserve the integrity of respondents' statements.

None of the state personnel--neither Health Occupations Program Supervisors/Specialists nor State Board of Nursing Executive Secretaries--elected to answer the two open-ended questions which asked for (1) their perceptions of major changes that would impact on the supply of or demand for LPNs/PVNs in their states over the next few years (to 1990), and (2) additional comments pertinent to the education and/or employment of PVNs/LPNs. Many had addressed these issues in the responses reported in Table 26 as "Explanation of Anticipated Change" in reference to changes in program content or emphasis.

Table 26

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Alabama	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	X	-	-	X	Hopefully the schools will increase the length of the programs by three months (1 quarter)
Arizona	Supervisor	-	X	-	-	X	-	X	-	-
	Secretary	-	-	X	-	-	X	-	X	Emphasis delineating LPN duties and competencies. C.E. will be in LPN schools only.
Arkansas	Supervisor	-	X	-	-	-	X	-	X	Voc. Ed. programs will decline by 33% starting with 84-85 class.
	Secretary	-	-	X	-	-	X	X	-	-
*California	Supervisor	X	-	-	-	X	-	-	X	Due to DRGs in hospitalization, many Home Health Care Registeries are opening as well as county health facilities for day care: will need to adjust or enhance curriculum to meet needs.
	Secretary	-	X	-	-	-	X	X	-	-
Colorado	Supervisor	-	-	X	-	-	X	-	X	More complex nursing care - rehabilitation and long term care.
	Secretary	-	-	X	-	X	-	-	-	-
Connecticut	Supervisor	-	X	-	-	X	-	-	X	Decreased emphasis on MON; increased emphasis on geriatrics.
	Secretary	-	X	-	-	X	-	-	X	Currently has one site pilot program of 210 day duration versus current 230 days.

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*Pilot state for DRGs.

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Delaware	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	-	X	X	-	-
District of Col.	Supervisor	-	X	-	-	X	-	-	X	Meet agency and educational needs.
	Secretary	-	-	-	-	-	-	-	-	-
Florida	Supervisor	-	X	-	-	X	-	-	X	Includes some computer, more geriatrics, home health care content.
	Secretary	-	-	-	-	-	-	-	-	-
Idaho	Supervisor	-	-	X	-	-	X	-	X	It is anticipated that PN education will upgrade to the associate degree level in response to the issue of two levels of entry into the practice of nursing or PN education will phase out and programs will cease to exist.
	Secretary	-	-	X	-	-	X	-	X	State Plan and advisory group change to 2-year degree with greater emphasis on nursing theory/practice (better-prepared LPN)
Illinois	Supervisor	-	X	-	-	-	X	X	-	-
	Secretary	-	-	X	-	-	X	-	X	Direct reflection of employment not original intent; will lead to changes.
Iowa	Supervisor	-	-	X	-	-	X	-	X	Will probably include more geriatric content, possibly more on home care, and depending on impact of DRGs, reduce content in PEDs, etc.
	Secretary	-	-	X	-	X	-	X	-	-

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Kansas	Supervisor	-	-	X	-	X	-	X	-	PN programs need to include geriatric component to allow greater placement in supervisory positions in adult care homes. If done, opportunities will increase.
	Secretary	-	-	X	-	-	X	X	-	-
Kentucky	Supervisor	-	X	-	-	-	X	-	X	More graduates are being employed in long-term care facilities and home health nursing. This emphasis will be reflected in the curriculum.
	Secretary	-	-	-	-	-	-	-	-	-
Michigan	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	-	X	Several proposals have been made to increase length of program and, in one case, to expand content, including IV and assessment.
Missis-sippi	Supervisor	-	X	-	-	X	-	-	X	High technologies
	Secretary	-	X	-	-	X	-	-	X	More emphasis on dealing with elderly; collecting and recording information; communicating and participating in plans of care.
Missouri	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	-	X	Impact of federal legislation; meet changing needs of health organizations in Missouri. Many hospitals have no openings or are no longer hiring LPNs.

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Montana	Supervisor	-	X	-	-	X	-	-	X	We are in the process of integrating curriculum in IV Therapy into our PN program.
	Secretary	-	X	-	-	X	-	-	X	A recent Board decision that the LPN does have a limited role in IV therapy will probably result in curriculum changes. Also, other aspects of expanded LPN functions may surface, resulting in content changes.
Nebraska	Supervisor	-	X	-	-	X	-	X	-	The program directors maintain close communication. For all practical purposes, the curriculum is the same statewide. Updating is done on a continuing basis.
	Secretary	-	-	-	-	-	-	-	-	-
Nevada	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	X	-	-
New Hampshire	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	-	X	X	-	-
New Jersey	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	X	-	-
New Mexico	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	X	-	-
New York	Supervisor	-	X	-	-	X	-	-	X	Greater emphasis on geriatric care and home care.
	Secretary	-	-	-	-	-	-	-	-	-

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
North Dakota	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	X	-	-
Ohio	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	X	-	-	-	X	-	-	X	More programs will close or develop an articulation program that is 1 + 1, etc.
Oklahoma	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	X	-	-	-	X	-	-	X	Emphasize geriatric care, rehabilitation nursing and practical nurse in non-hospital settings.
Pennsylvania	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	X	-	-	-	X	To reflect changes in technology.
Rhode Island	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	X	-	-
South Dakota	Supervisor	-	X	-	-	X	-	-	X	More emphasis will need to be placed on home health care experience, gerontology and/or nursing home care.
	Secretary	-	-	X	-	-	X	-	X	Programs are losing acute care clinical experience. As hospital census declines, RN programs are being favored for the available clinical experiences.
Tennessee	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	X	-	-
Texas	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	-	X	-

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Utah	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	X	-	-
Vermont	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	-	X	Probably more pharmacology and geriatrics.
Virginia	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	-	X	-	-	X	-	X	To better prepare to meet needs of a changing job market.
Washington	Supervisor	-	-	-	-	-	-	-	-	-
	Secretary	-	X	-	-	X	-	-	X	More geriatric, rehabilitation and mental health - now in regulations. Emphasis on extended role activities and less on obstetrics.
West Virginia	Supervisor	-	X	-	-	-	X	-	X	We are currently looking at decreasing time in Peds and OB and incorporating more on home health care.
	Secretary	-	X	-	-	-	X	-	X	More emphasis on long term and skilled care in the home.

Table 26 (Continued)

EXPECTATIONS FOR LICENSED PRACTICAL/VOCATIONAL NURSING THROUGH 1990

		LP/VN Employment			P/VE Enrollment			Program Content/Emphasis		
State	Respondent	Increase	Stay the Same	Decrease	Increase	Stay the Same	Decrease	Stay the Same	Change	Explanation of Anticipated Change
Wisconsin	Supervisor	-	-	X	-	-	X	-	X	More geriatrics will be emphasized in the program
	Secretary	-	-	X	-	-	X	-	X	Programs are decreasing OB and Peds clinical and adding geriatric content and clinical.
Total Supervisor	N:	1	13	5	-	11	8	4	15	
(N=19)	%:	5	68	26	-	58	42	21	79	
Total Secretaries	N:	2	15	19	1	16	19	13*	22	
(N=36)	%:	6	42	53	3	44	53	37	63	
Total Responses	N:	3	28	24	1	27	27	17*	37	
(N=55)	%:	5	51	44	2	49	49	31	69	

*One responding State Board Executive Secretary did not answer this item: Item N=35; new Item N=54.

Practical Nursing School Administrators and Program Coordinators

During FY 1979-80, 38 Practical Nurse programs were sponsored by the Pennsylvania Department of Education. Two more (Monroe County AVTS and Lenape AVTS) were added to PDE sponsorship during 1980-81, although no State monies were used by Lenape. A forty-first Practical Nurse program--at Clarion County AVTS--was added in 1981-82.

Administrators of the schools in which the 41 Practical Nursing programs under the jurisdiction of the Pennsylvania Department of Education are located were sent the "School Administrators Questionnaire" (shown in Appendix I). This questionnaire sought information about the Practical Nurse programs that was felt to be most likely available through central office records. Thirty-seven responses were received, representing a response rate of 90 percent.

Program Coordinators of the 41 Practical Nurse programs were sent the "Practical Nurse Program Impact Questionnaire" (Appendix J). Forty Coordinators (98 percent) returned completed questionnaires.

The responses of School Administrators and Practical Nurse (PN) Program Coordinators are reported in this section to provide continuity regarding PN programs funded and under the auspices of the Pennsylvania Department of Education, Bureau of Vocational Education, in Fiscal Years 1979-80, 1980-81, and 1981-82.

Program costs data were asked of school administrators, relative to Study Objective 3, "To determine the effect the State Subsidy had on tuition rates." Information sought, in order to answer this objective, was (1) the total cost of the PN program for each year of the study, (2) total State funds received, i.e., 2508.3 funds, as described in Chapter IV, (3) total cost per student, and (4) the amount charged each student.

[Practical Nurse programs sponsored by public education agencies (area vocational-technical schools and school districts) only receive 2508.3 funds for Practical Nurse education: no other type of State funds are provided to these programs. (Community colleges, however, are elegible for vocational education program monies.) During the three-year period of the study, the 2508.3 monies were used to support operating costs and instructional salaries. Student tuition paid for the balance needed to operate Practical Nurse programs.

[According to PDE records, in FY 1979-80, PN programs were allocated $3,714,527 from 2508.3 funds. In FY 1980-81, 2508.3 funds approved for Practical Nurse programs totaled $3,977,962.71. The funding patterns changed in FY 1981-82 and State 2508.3 funds were allocated separately, according to verified student need: State records reveal that a total of $4,160,679 in 2508.3 monies was allocated to subsidize the tuition for "welfare"-status students in FY 1981-82. (These figures represent the approved amounts of money and not the total expenditures.)]

It should be clearly noted that questions issued to school personnel regarding "welfare" students, or 2508.3 beneficiaries, were included only to identify the effects of 2508.3 funds on programs and program participation. However, many other students were enrolled in PN programs under CETA (Comprehensive Employment and Training Act) funding or through other forms of public assistance or financial aid which were not channeled through the Bureau of Vocational Education.

Table 27 shows Practical Nurse program operation costs for FYs 1979-80, 1980-81, and 1981-82 for 40 of the Bureau of Vocational Education's 41 programs. (Data were not available from one school and were incomplete at one school.) The programs at Lenape AVTS and Monroe County AVTS were opened in

1980-81, the second of the study years. The Practical Nurse program at Clarion County AVTS was opened during the third of the study years, 1981-82. Also in 1981-82, the Beaver County program was moved from Beaver County AVTS to Beaver County Community College.

As shown in Table 27, program costs increased from 1979-80 to 1980-81 in 30 schools, ranging from an increase of three percent to an increase of 46 percent. In five schools, costs decreased, ranging from a decrease of one percent to a decrease of 22 percent. From FY 1980-81 to 1981-82, costs in 34 schools increased, ranging from 0.5 percent to 65 percent increases. During this period, costs decreased in five schools, with decreases ranging from minus-0.2 percent to minus-eight percent. In the 35 schools for which three years' program costs are shown, program costs decreased in only one school--a decrease of $1,345, or minus-two percent--over the period 1979-80 to 1981-82. Increases in 34 schools, over the period of 1979-80 to 1981-82, were: 10 percent or less, seven schools; 11 - 20 percent, nine schools; 21 - 30 percent, six schools; 31 - 40 percent, four schools; 41 - 50 percent, five schools; 53 percent, one school; 76 percent, one school; and 87 percent, one school.

Table 27

TOTAL PRACTICAL NURSE PROGRAM COST AND ANNUAL PERCENT CHANGE
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATORS)

School	1979-80 Cost	1980-81 Cost	1980-81 Change	1981-82 Cost	1981-82 Change	Two-Year Increase 79-80 to 81-82	
	$	$	%	$	%	$	%
Altoona AVTS	131,271	155,822	19	171,286 (+ 18,635 equipment)	10	40,015	30
Beaver Co. CC	-	-	- -	346,457	-	-	-
Bucks Co. AVTS	105,643	114,251	8	151,970	33	46,327	44
Carbon Co. AVTS	59,068	70,906	20	83,995	18	24,927	42
Ctrl. Chester Co. AVTS	77,789	104,631	35	105,583	1	27,794	36
Center Co. AVTS	123,978	138,122	11	146,657	6	22,679	18
*Chester-Upland SD	78,247	60,666	-22	100,380	65	22,133	28
Clarion Co. AVTS	-	-	-	62,393	-	-	-
Clearfield Co. AVTS	96,196	104,478	9	104,963	00.5	8,767	9
Crawford Co. AVTS	86,612	98,148	13	109,506	12	22,894	26
Danville Area SD	191,704	280,746	46	358,365	28	166,661	87
E. Montgomery Co. AVTS	138,712	160,740	16	148,186	-8	9,474	7
Erie City SD	97,395	103,949	7	121,750	17	24,355	25
*Fayette Co. AVTS	78,383	77,460	-1	77,038	00.5	-1,345	-2
Franklin Co. AVTS	121,334	128,633	6	154,218	20	32,884	27
Gr. Johnstown AVTS	157,886	161,665	2	175,352	8	17,466	11
Greene Co. AVTS	59,144	66,761	13	69,803	5	10,659	18
Hanover SD	91,446	103,805	14	132,858	28	41,412	45
*Hgb.-Steelton-Highspire AVTS	145,932	178,508	22	**	-	**	-
Hazleton AVTS	78,939	90,988	15	90,843	-00.2	11,904	15
Indiana Co. AVTS	70,152	76,892	10	123,425	61	53,273	76
Jefferson-Dubois AVTS	108,513	130,724	20	160,405	23	51,892	48
Juniata-Mifflin AVTS	68,028	75,707	11	82,717	9	14,689	22
Lackawanna Co. AVTS	131,016	152,373	16	167,134	10	36,118	28
Lancaster Co. AVTS	231,621	258,023	11	271,018	5	39,397	17
Lawrence Co. AVTS	75,116	83,602	11	89,675	7	14,559	19
Lebanon Co. AVTS	90,700	98,349	8	91,081	-7	381	00.4
Lenape AVTS	-	153,000	-	147,120	-4	-	-
Mercer Co. AVTS	95,445	91,802	-4	95,927	4	357	00.4
Monroe Co. AVTS	-	69,096	-	87,475	27	-	-

Table 27 (Continued)

TOTAL PRACTICAL NURSE PROGRAM COST AND ANNUAL PERCENT CHANGE
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATORS)

School	1979-80	1980-81		1981-82		Two-Year Increase	
	Cost	Cost	Change	Cost	Change	79-80 to 81-82	
	$	$	%	$	%	$	%
Northampton Co. CC	**	**	-	**	-	**	-
*Philadelphia	584,373	601,667	3	647,194	8	62,821	11
Pittsburgh SD	613,647	643,649	5	624,832	-3	11,185	2
Reading-Muhlenberg AVTS	229,165	223,162	-3	247,281	11	18,116	8
Schuylkill Co. AVTS	79,618	89,579	11	104,393	17	24,775	31
Somerset Co. AVTS	124,008	107,605	-13	129,142	20	5,134	4
Upper Bucks Co. AVTS	108,310	126,635	17	160,010	26	51,700	48
Venango Co. AVTS	72,587	75,335	4	85,265	13	12,678	17
Warren Co. AVTS	66,175	88,919	34	100,933	14	34,758	53
Wilkes-Barre AVTS	160,428	166,360	4	218,211	31	51,783	32
York Co. AVTS	152,337	176,671	16	213,303	21	60,966	40

*Data, not reported by school administrator, obtained by review of various State records.

**Data, not reported by school administrator, not available.

In Table 28, the vocational education program subsidy is reported for Practical Nurse Programs in 34 schools for Fiscal Years 1979-80, 1980-81, and 1981-82. In FY 1979-80, 23 of 30 schools for which the vocational education State program subsidy was reported received 75 percent of program cost (as was reported in Table 27), four schools received 70 to 74 percent of program cost, and one school received 68 percent, one received 62 percent, and one received 50 percent. In 1980-81, the percent-of-cost subsidy had decreased: one school received 77 percent-of-cost, one received 75 percent-of-cost, and 15 schools received from 71 to 73 percent-of-cost. Seven received between 60 and 69 percent-of-cost, one received 55 percent, one received 47 percent, and one received 20 percent-of-cost. In 1981-82 a major shift in vocational education program funding can be noted: one school received 78 percent-of-cost and one received 75 percent-of-cost. Four schools received 65 to 69 percent-of-cost. The largest group--17 schools--received between 60 percent and 64 percent-of-cost. Four schools received 53 percent to 57 percent-of-cost and four received 44 percent to 47 percent-of-cost. Of the 29 schools for which three years' funding amounts were reported, only one received a greater percent-of-cost in 1981-82 over 1979-80 (plus three percent) and one received the same percent-of-cost all three years (75 percent in 1979-80, 1980-81, and 1981-82). Twenty-seven schools experienced a decrease in percent-of-cost funding from 1979-80 to 1981-82: a decrease of 17 to 21 percent-of-cost in three schools and a decrease of six to eight percent-of-cost in three schools. The majority, 22 schools, experienced a decrease in percent-of-cost funding of ten to 15 percent.

Table 28

STATE VOCATIONAL PROGRAM SUBSIDY, 1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATORS)

School	1979-80		1980-81		1981-82		Total 3-Year Subsidy
	Amount Received	Percent of Cost	Amount Received	Percent of Cost	Amount Received	Percent of Cost	
	$	%	$	%	$	%	$
Altoona AVTS	88,680	68	95,509	61	90,206 (+ 18,635 equipment)	53	274,395
Beaver Co. CC	-	-	-	-	156,859	45	156,849
Bucks Co. AVTS	-	-	-	-	-	-	-
Carbon Co. AVTS	-	-	-	-	-	-	-
Cntrl. Chester Co.	58,342	75	64,234	61	66,961	63	189,537
Centre Co. AVTS	92,984	75	93,923	68	83,594	57	270,451
*Chester-Upland SD	58,685	75	44,499	73	64,879	65	168,063
Clarion AVTS	-	-	-	-	37,538	60	37,538
Clearfield AVTS	-	-	-	-	-	-	-
Crawford AVTS	64,960	75	73,611	75	73,912	67	212,483
Danville SD	118,171	62	155,715	55	160,029	45	433,915
E. Mont. Co. AVTS	104,034	75	117,854	73	96,079	65	317,967
Erie City SD	73,046	75	77,962	75	94,666	78	245,674
*Fayette Co. AVTS	58,787	75	56,395	73	48,238	63	163,420
Franklin Co. AVTS	91,001	75	93,075	72	95,285	62	279,361
Gr. Johnstown AVTS	117,791	75	116,748	72	112,321	64	346,860
Greene Co. AVTS	44,197	75	45,996	69	48,306	69	138,499
Hanover SD	-	-	20,546	20	18,805	14	39,351
*Hgb-Stltn-Hgh. AVTS	109,449	75	123,359	69	**	-	232,808
Hazleton AVTS	58,696	74	66,081	73	57,637	63	182,414
Indiana AVTS	52,614	75	57,669	75	57,856	47	168,139
Jeff-DuBois AVTS	81,385	75	98,043	75	103,202	64	282,630
Juniata-Mifflin	51,020	75	53,960	71	50,125	61	155,105
Lackawanna AVTS	93,473	71	108,709	71	102,556	61	304,738
Lancaster AVTS	173,716	75	186,509	72	166,612	61	526,837
Lawrence Co. AVTS	56,337	75	61,202	73	56,441	63	173,980
Lebanon Co. AVTS	68,025	75	71,761	73	56,482	62	196,268
Lenape AVTS	-	-	-	-	-	-	-
Mercer Co. AVTS	-	-	-	-	-	-	-
Monroe Co. AVTS	-	-	69,905	101	56,039	64	125,944
N-ampton Co. CC	**	-	**	-	**	-	**
*Philadelphia SD	438,280	75	442,025	73	395,273	61	1,274,578
Pittsburgh SD	460,235	75	482,579	75	468,624	75	1,411,438
Rdng-Muhlenberg	171,874	75	162,122	73	154,742	63	488,738
Schuylkill Co. AVTS	39,805	50	42,500	47	46,331	44	128,636
Somerset AVTS	86,403	70	83,356	77	81,385	63	251,144
Upper Bucks AVTS	-	-	-	-	-	-	-
Venango Co. AVTS	54,440	75	54,801	73	51,159	60	160,400
Warren Co. AVTS	49,631	75	53,592	60	54,791	54	158,014

Table 28 (Continued)

STATE VOCATIONAL PROGRAM SUBSIDY, 1979-80, 1980-81, 1981-82 (SCHOOL ADMINISTRATORS)

School	1979-80		1980-81		1981-82		Total 3-Year Subsidy
	Amount Received	Percent of Cost	Amount Received	Percent of Cost	Amount Received	Percent of Cost	
	$	%	$	%	$	%	$
Wilkes-Barre AVTS	120,321	75	120,270	72	133,503	61	374,094
York Co. AVTS	110,161	72	119,124	67	121,947	57	351,232

*Data, not reported by school administrator, obtained by review of various State records.

**Data, not reported by school administrator, not available.

Table 29 displays the total Practical Nurse program costs for the three-year period 1979-80, 1980-81, and 1981-82, as reported in Table 27, and the three-year total vocational education program subsidy, as reported in Table 28. Added to these data are the Section 2508.3 monies reported by school administrators as received during the three study years. Totals shown in Table 29 are incomplete since all data were not available; however, the totals reported are of value in the process of viewing the Bureau of Vocational Education's Practical Nurse Program from the larger perspective. Program costs, for 40 schools, during the period 1979-80, 1980-81, and 1981-82 were $17,253,126. Over the same three-year period, vocational education program funding totaling $10,221,509 was received by 34 of the schools. In 1979-80, Section 2508.3 ("welfare") subsidy was reported by 17 schools, totaling $491,109. In 1980-81, the 2508.3 subsidy reported by 18 schools was $563,285. Section 2508.3 subsidy in 18 schools in 1981-82 totaled $543,182. Over the three-year period, the 2508.3 subsidy to 21 schools totaled $1,597,576.

Table 29

TOTAL PROGRAM COST, STATE VOCATIONAL PROGRAM SUBSIDY, AND SECTION 2508.3 SUBSIDY
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATORS)

School	3-Year Total Program Cost	3-Year Total Program Subsidy	Section 2508.3 Subsidy 1979-80	1980-81	1981-82	Total
	$	$	$	$	$	$
Altoona	458,379 (+ 18,635 equipment)	274,395	2,040	2,700	2,400	7,140
Beaver Co. CC	346,457[a]	156,859[a]	-	-	806	806
Bucks Co. AVTS	377,864	-	78,309	82,114	96,964	257,387
Carbon Co. AVTS	213,969	-	44,301	49,547	44,635	138,483
Central Chester Co.	288,003	189,537	-	983	-	983
Centre Co. AVTS	408,757	270,451	-	-	-	-
*Chester-Upland SD	239,293	168,063	**	**	**	**
Clarion Co. AVTS	62,393[a]	37,538[a]	-	-	-	-
Clearfield Co. AVTS	305,637	-	60,071	64,145	59,740	183,956
Crawford Co. AVTS	294,266	212,483	-	-	-	-
Danville Area SD	830,815	433,915	118,171	155,715	160,029	433,915
E. Montgomery AVTS	447,638	317,967	-	-	-	-
Erie City SD	323,094	245,674	*	*	*	*
*Fayette Co. AVTS	232,881	163,420	**	**	**	**
Franklin Co. AVTS	404,185	279,361	-	-	-	-
Gr. Johnstown AVTS	494,903	346,860	7,320	7,284	6,730	21,334
Greene Co. AVTS	195,708	138,499	14,732	17,559	-	32,291
Hanover SD	328,109	39,351	68,553	67,487	66,678	202,718
*Hgb.-Steelton AVTS	324,440	232,808	**	**	**	**
Hazleton AVTS	260,770	182,414	800	-	-	-
Indiana Co. AVTS	270,469	168,139	-	-	-	-
Jeff.-DuBois AVTS	399,642	282,630	-	-	-	-
Juniata-Mifflin	226,452	155,104	1,134	1,450	-	2,584
Lackawanna Co. AVTS	450,523	304,738	2,118	6,210	3,630	11,958
Lancaster Co. AVTS	760,662	526,837	1,662	1,728	1,785	5,175
Lawrence Co. AVTS	248,393	173,980	4,552	5,380	3,380	13,312
Lebanon Co. AVTS	280,130	196,268	-	-	-	-
Lenape AVTS	300,120[b]	-	-	-	-	-
Mercer Co. AVTS	283,174	-	79,211	75,623	56,368	211,202
Monroe Co. AVTS	156,571[b]	125,944[b]	-	7,865	9,257	17,122
**N-hampton Co. CC	*	**	**	**	**	**
*Philadelphia SD	1,833,234	1,274,578	**	**	**	**
Pittsburgh SD	1,882,128	1,411,438	-	-	-	-
Rdng.-Muhlenberg	699,608	488,738	3,027	7,557	6,831	17,415
Schuylkill Co. AVTS	273,590	128,636	-	-	3,413	3,413
Somerset Co. AVTS	360,755	251,144	3,098	2,564	10,260	15,922

Table 29 (Continued)

TOTAL PROGRAM COST, STATE VOCATIONAL PROGRAM SUBSIDY, AND SECTION 2508.3 SUBSIDY
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATORS)

School	3-Year Total Program Cost	3-Year Total Program Subsidy	Section 2508.3 Subsidy			
			1979-80	1980-81	1981-82	Total
	$	$	$	$	$	$
Upper Bucks AVTS	394,955	-	-	-	-	-
Venango Co. AVTS	233,187	160,400	-	-	-	-
Warren Co. AVTS	256,027	158,014	-	-	-	-
Wilkes-barre Avts	544,999	374,094	-	7,374	8,062	15,436
York County AVTS	542,311	351,232	2,010	-	2,214	4,224
Total reported	17,253,126	10,221,509	491,109	563,285	543,182	1,597,576

[a] One-year operation (1981-82)

[b] Two-year operation (1980-81, 1981-82)

*Amount not reported by school administrator; obtained from state records

**Amount not reported by school administrator; not available

Table 30 shows the number of persons who applied for entry into Practical Nurse programs in 35 of the 41 programs and the number accepted in 34 of the programs during FYs 1979-80, 1980-81, and 1981-82, as reported by school administrators. (Only one of 37 reporting school administrators indicated that the school did not have an admissions policy relative to measuring the aptitudes of an applicant to succeed in the Practical Nurse program.)

As shown in Table 30, over the three-year period, a total of 16,291 persons submitted applications for the Practical Nurse programs in 36 schools, and 7,098 of the applicants were accepted for entry. One school (Northampton County Community College) did not report numbers, indicating that 'Career ladder PN and RN intent is not determined until mid-year, in the second semester.' Statewide, the reporting schools for whom percentages could be calculated accepted 44 percent of those who applied for enrollment during the three-year period. At eight schools, less than 40 percent of those who applied were accepted, with Mercer County AVTS being able to serve only 15 percent of those who applied (121 of 832 applicants) over the three-year period. Nineteen schools accepted 40 percent to 56 percent of those who applied. It should be noted that the maximum number of students accepted into a Practical Nurse program is predetermined by the resources available in the cooperating agencies for clinical education. The State Board of Nurse Examiners monitors enrollment in order to safeguard the client.

Table 30

NUMBER OF PRACTICAL NURSE PROGRAM APPLICANTS AND NUMBER OF APPLICANTS ACCEPTED 1979-80, 1980-81, 1981-82 (SCHOOL ADMINISTRATORS)

	Number of Practical Nurse Program Applicants				Number of Practical Nurse Applicants Accepted				Percent of 3-Year Total Applicants Accepted
School	1979-80	1980-81	1981-82	3-Year Total	1979-80	1980-81	1981-82	3-Year Total	
Altoona AVTS	170	246	209	625	70	70	70	210	34
Beaver Co. CC	120	130	150	400	100	100	100	300	75
Bucks County AVTS	104	112	107	323	50	48	60	158	49
Carbon County AVTS	46	36	41	123	43	38	39	120	98
Central Chester AVTS	81	72	106	259	40	43	49	132	51
Centre County AVTS	150	155	162	467	64	61	61	186	40
Chester-Upland SD	*	*	*	*	*	*	*	*	-
Clarion County AVTS	-	-	50	50	-	-	15	15	30
Clearfield Co. AVTS	67	85	97	249	32	32	32	96	39
Crawford Co. AVTS	95	98	101	294	58	46	52	156	53
Danville Area SD	200	250	250	700	73	120	138	331	47
E. Montgomery AVTS	120	122	104	346	54	54	54	162	47
Erie City SD	102	148	168	418	59	61	72	192	46
Fayette Co. AVTS	*	*	*	*	*	*	*	*	-
Franklin Co. AVTS	133	185	169	487	70	70	70	210	43
Gr. Johnstown AVTS	180	200	172	552	90	90	90	270	49
Greene County AVTS	98	91	85	274	37	41	40	118	43
Hanover SD	65	61	110	236	58	42	59	159	67
Hgb.-Steelton AVTS	*	*	*	*	*	*	*	*	-
Hazleton AVTS	55-60	55-60	55-60	180	53	37	37	127	71
Indiana Co. AVTS	77	105	152	334	*	*	*	*	-
Jeff.-DuBois AVTS	122	166	118	396	60	60	60	180	45
Juniata-Mifflin AVTS	50	60	75	185	31	30	30	91	49
Lackawanna Co. AVTS	230	241	295	766	79	109	113	301	39

Table 30 (Continued)

NUMBER OF PRACTICAL NURSE PROGRAM APPLICANTS AND NUMBER OF APPLICANTS ACCEPTED 1979-80, 1980-81, 1981-82 (SCHOOL ADMINISTRATORS)

School	Number of Practical Nurse Program Applicants				Number of Practical Nurse Applicants Accepted				Percent of 3-Year Total Applicants Accepted
	1979-80	1980-81	1981-82	3-Year Total	1979-80	1980-81	1981-82	3-Year Total	
Lancaster Co. AVTS	250	200	200	650	140	150	150	440	68
Lawrence Co. AVTS	45	51	42	138	30	30	30	90	65
Lebanon Co. AVTS	66	54	66	186	41	42	49	132	71
Lenape AVTS	-	200	150	350	-	45	45	90	26
Mercer Co. AVTS	202	270	360	832	46	40	35	121	15
Monroe Co. AVTS	-	61	59	120	-	19	39	68	57
Northampton Co. CC	Career Ladder PN and RN intent until mid-year (in 2nd semester)				-	-	-	-	-
Philadelphia SD	*	*	*	*	*	*	*	*	-
Pittsburgh SD	970	1,050	1,075	3,095	313	319	337	969	31
Rdng.-Muhlenberg AVTS	190	200	250	640	105	110	120	335	52
Schuylkill Co. AVTS	100	100	100	300	52	58	37	147	49
Somerset Co. AVTS	170	156	160	486	58	67	72	197	41
Upper Bucks AVTS	100	119	100	319	51	50	54	155	-
Venango Co. AVTS	*	*	*	*	34	48	34	116	-
Warren Co. AVTS	102	121	102	325	36	36	36	108	33
Wilkes-Barre AVTS	180	250	258	688	150	120	113	383	56
York County AVTS	145	167	186	498	60	90	90	240	48
Total Reported	4,780	5,622	5,889	16,291	2,237	2,376	2,482	7,099	44

*No data supplied/available

Practical Nurse Program Coordinators were asked to report annual enrollments for FYs 1979-80, 1980-81, and 1981-82. They were also requested to indicate the number who were female or male as well as the number for whom Section 2508.3 (welfare) funds were received from the Pennsylvania Department of Education. These data are reported in Table 31. In the 38 Practical Nurse programs in operation in 1979-80, there were 2,501 students enrolled. In 1980-81, enrollment in 40 programs totaled 2,659. In 1981-82, with 41 programs in operation, there was a total PN program enrollment of 2,787.

Also shown in Table 31 are the three-year totals of enrollment data for the 41 Practical Nurse programs, as reported by the Practical Nurse Program Coordinators: 7,947 persons were enrolled, and, of this total, 7,529 were female (95 percent) and 278 were male (three percent). (Totals do not equal 100 percent due to incomplete reporting.) Men were more likely to enroll in Practical Nurse programs in urban areas or in areas of the Commonwealth that had relatively high unemployment. However, only in one school (Wilkes-Barre Area Vocational-Technical School) did the male enrollment reach nine percent of total enrollment over the three-year period.

Table 31 also reports the number of students for whom 2508.3 funds were received over the three-year period--a total of 1,185 persons, or 15 percent of all enrolled students. Fifteen of the 41 schools reported that they did not receive 2508.3 monies during the three-year period. (Although three of these schools reported receiving CETA funds for 59 students, it should be noted that students in other schools were also eligible for CETA monies or assistance from other types of public agencies. The questionnaire, however, asked only for information relative to students eligible under Section 2508.3.) In 14 schools, ten percent or less of all enrolled students were 2508.3-eligible. Practical Nurse Coordinators in five schools reported that from 11 to 18 percent of their students came under the 2508.3 guidelines for program subsidy. In seven schools, from 24 to 55 percent of the students qualified under the 2508.3 guidelines during the three-year period: 24 percent of the 90 students at Lawrence County AVTS; 26 percent of the 197 students at Somerset County AVTS; 28 percent of the 135 PN students at Mercer County AVTS; 29 percent of the 90 students at Carbon County AVTS; 34 percent of 859 students at Pittsburgh Schools District's Connelley Skill Learning Center; 40 percent of Schuylkill County AVTS's 134 PN students; and 55 percent of the 652 students enrolled in the Philadelphia School District program (at James P. Martin School).

Table 31

ANNUAL PRACTICAL NURSE PROGRAM ENROLLMENT, BY SEX AND 2508.3 STATUS, 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)

	Annual Practical Nurse Program Enrollment												3-Year Total						
	1979-80				1980-81				1981-82										
School	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
ltoona AVTS	66	64	2	4	68	67	1	6	67	62	5	4	201	193	96	8	4	14	7
eaver Co. CC	100	100	-	5**	100	100	-	4**	100	100	-	1	300	100	100	-	-	10	3
ucks Co. AVTS	50	49	1	6	48	48	-	8	60	59	1	3	158	156	99	2	1	17	11
arbon Co. AVTS	30	30	-	10	30	30	-	10	30	29	1	6	90	89	99	1	1	26	29
entral Chester Co. AVTS	33	32	1	-	35	35	-	1	33	33	-	-	101	100	99	1	1	-	-
entre Co. AVTS	64	62	2	-	61	60	1	-	61	57	4	-	186	179	96	7	4	-	-
hester-Upland SD	33	32	1	-	36	32	4	5	68	65	3	19	137	129	94	8	6	24	18
larion Co. AVTS	-	-	-	-	-	-	-	-	15	15	-	-	15	15	100	-	-	-	-
learfield Co. AVTS	32	32	-	-	32	31	1	-	32	32	-	-	96	95	99	1	1	-	-
rawford Co. AVTS	42	41	1	15***	34	34	-	9***	33	33	-	5***	109	108	99	1	1	29	27***
anville Area SD	73	71	2	-	120	114	6	-	138	131	7	-	331	316	95	15	5	-	-
. Montgomery AVTS	54	44	-	10	54	47	-	7	54	49	1	4	162	140	86	1	1	21	13
rie City SD	50	49	1	9	50	49	1	7	63	61	2	16	163	159	98	4	2	32	18
ayette Co. AVTS	40	40	-	4	33	31	2	2	33	33	-	3	106	104	98	2	2	9	8
ranklin Co. AVTS	70	67	3	1	70	69	1	1	70	67	3	3	210	203	97	7	3	5	2
r. Johnstown AVTS	90	90	-	10	90	85	5	11	90	86	4	10	270	261	97	9	3	31	11
reene Co. AVTS	37	35	2	2	39	39	-	5	36	35	1	2	112	109	97	3	3	9	8
anover Public SD	39	39	-	1	41	39	1	-	59	59	-	-	139	137	99	1	1	1	1
bg.-Steelton AVTS	60	60	-	2	58	57	1	6	60	57	3	1	178	174	98	4	2	9	5
azleton AVTS	53	53	-	-	37	33	4	-	37	37	-	-	127	123	97	4	3	-	-
ndiana Co. AVTS	34	34	-	-	35	34	1	-	45	35	-	10***	114	103	90	1	1	10	9***
eff-DuBois AVTS	60	60	-	-	60	58	2	-	60	59	1	-	180	177	98	3	2	1	1
un.-Mifflin AVTS	31	31	-	1	30	29	1	2	30	30	-	-	91	90	99	1	1	1	1
ackawanna Co. AVTS	65	63	2	7	81	73	8	9	82	79	3	6	228	215	94	13	6	22	10
ancaster Co. AVTS	137	135	2	5	129	126	3	4	150	146	4	3	416	407	98	9	2	12	3
awrence Co. AVTS	30	29	1	5	30	28	2	7	30	30	-	10	90	87	97	3	3	22	24
ebanon Co. AVTS	41	40	1	-	42	42	-	-	59	56	3	-	142	138	97	4	3	-	-
enape AVTS	-	-	-	-	45	44	1	-	45	45	-	-	90	89	99	1	1	-	-

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Table 31 (Continued)

ANNUAL PRACTICAL NURSE PROGRAM ENROLLMENT, BY SEX AND 2508.3 STATUS, 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)

	Annual Practical Nurse Program Enrollment												3-Year Total						
	1979-80				1980-81				1981-82										
School	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
Mercer Co. AVTS	39	38	1	13	61	61	-	17	35	35	-	8	135	135	99	1	1	38	28
Monroe Co. AVTS	-	-	-	-	15	13	2	1	32	32	-	3	47	45	96	2	4	4	9
N-hampton Co. CC	51*	-	-	-	25*	-	-	-	31*	-	-	-	107*	-	-	-	-	-	-
Philadelphia SD	214	200	14	133	226	211	15	122	212	201	11	102	652	612	94	40	6	357	55
Pittsburgh SD	276	258	18	102	282	260	22	98	301	281	20	91	859	799	93	60	7	291	34
Rdng-Muhlenberg	73	73	-	5	105	105	-	13	108	107	1	11	286	285	99	1	.35	29	10
Schuylkill Co. AVTS	50	49	1	18	52	50	1	20	37	35	2	17	139	134	96	4	3	55	40
Somerset Co. AVTS	58	56	2	9	67	63	4	22	72	67	5	20	197	186	94	11	6	51	26
Upper Bucks AVTS	50	49	1	4***	49	49	-	10***	50	48	2	6***	149	146	98	3	2	20	13**
Venango Co. AVTS	34	33	1	-	48	47	1	-	34	32	2	-	116	112	97	4	3	-	-
Warren Co. AVTS	36	35	1	-	36	35	1	-	36	35	1	-	108	105	97	3	3	-	-
Wilkes-barre AVTS	146	133	13	4	115	106	9	16	109	98	11	13	370	337	91	33	9	33	9
York Co. AVTS	60	59	1	3	90	90	-	-	90	89	1	-	240	238	99	2	1	3	1
Total Reported	2,501	2,365	75	388 (includes 19 CETA)	2,659	2,524	101	423 (includes 19 CETA)	2,787	2,640	102	337 (includes 21 CETA)	7,947	7,529	95	278	3	1,185	15

*Reported only all-student total for 3 classes/year.

**Prior to 1981-82, there was no specific information regarding students' family income as below poverty level.

***Students enrolled through C.E.T.A. NOTE: This is included for information only; respondents were not requested to report CETA students or others receiving welfare assistance, but only those for whom 2508.3 funds were received.

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Table 32 relates the operating cost per practical Nurse student, as reported by 36 school administrators for FYs 1979-80, 1980-81, and 1981-82. Several schools showed cost-per-student increases within a fiscal year, reflecting cost-per-student increases from one entering class to the other entering class for that year. Over the period 1979-80 to 1981-82, cost-per-student decreases ranging from 0.8 percent to 27 percent were reported by six schools. One school showed no change from 1979-80 to 1980-81 to 1981-82, two schools showed cost-per-student increases of less than one percent, and one showed a six percent increase. In 21 schools, cost-per-student increases from 1979-80 to 1981-82 ranged between 12 percent and 54 percent: 12 to 19 percent in four schools; 20 to 27 percent in seven schools; 33 to 37 percent in six schools; and 41 to 54 percent in four schools. Cost-per-student increases in seven schools exceeded 70 percent: 71 percent; 93 percent; 100 percent; 134 percent; 150 percent; 158 percent; and 187 percent. In 1979-80, the lowest cost-per-student reported was $400 and the highest was $3,139 (in a school where cost-per-student dropped 32 percent by the second study year, 1980-81).

In 1981-82 costs-per-student in the 36 reporting schools ranged from $700 to $6,931. In five schools (as shown in Table 32), the cost-per-student was $700 to $900+ and in nine schools the cost-per-student was reported as between $1,000 and $1,500+. Cost-per-student reports from 16 schools were in the range $2,000 to 2,900+ and four schools reported $3,100 to 3,400+ cost-per-student. (One school reported cost-per-student for 1981-82 as $6,931, a figure which may have been erroneously reported by a temporary administrator; however, no adjusted figure was obtainable.)

Table 32

OPERATING COST PER PRACTICAL NURSE STUDENT AND ANNUAL PERCENT CHANGE,
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATOR)

School	1979-80 Cost	1980-81 Cost	1980-81 Change	1981-82 Cost	1981-82 Change	Two-Year Increase 79-80 to 81-82	
	$	$	%	$	%	$	%
Altoona AVTS	989	2,292	131	2,556	12	1,567	158
				2,834	24	1,845	187
Beaver Co. CC	-	-	-	3,464	-	-	-
Bucks Co. AVTS	2,113	2,380	13	2,533	6	420	20
Carbon Co. AVTS	760	900	18	1,301	46	541	71
Ctr. Chester Co.	2,288	3,077	35	3,105	1	817	36
Centre Co. AVTS	740	907	23	1,040	15	300	41
Chester-Upland SD	*	*	-	*	-	*	-
Clarion Co. AVTS	-	-	-	2,862	-	-	-
Clearfield Co. AVTS:							
March	990	1,220	23	1,320	8	330	33
September	1,120	1,220	9	1,420	16	300	27
Crawford Co. AVTS	2,160	2,887	34	3,422	19	1,262	37
Danville SD	2,396	2,340	-2	2,986	28	590	25
E. Montgomery AVTS	1,140	1,295	14	1,532	18	392	34
Erie City SD	1,948	2,079	7	1,933	-7	-15	-0.8
Fayette Co. AVTS	*	*	-	*	-	*	-
Franklin Co. AVTS	822[a]	850[a]	3	1,242[a]	46	420	51
Gr. Johnstown AVTS	456	499	9	700	40	244	54
Greene Co. AVTS	2,957	3,096	5	6,931	124	3,974	134
Hanover SD	2,345	2,595	11	2,252	-13	-93	-4
Hbg.-Steelton AVTS	*	*	-	*	-	*	-
Hazleton AVTS:							
February	400	400	-	800	100	400	100
September	400	600	50	1,000	67	600	150
Indiana Co. AVTS	585	641	10	836	30	251	43
Jeff-DuBois AVTS	1,100	1,100	-	(Feb) 953 (Sept)1,364	-13	-147	-13
Jun-Mifflin AVTS	2,268	2,524	11	2,757	8	489	22
Lackawanna AVTS	578	539	-7	788	46	210	36
Lancaster Co. AVTS	1,781	1,985	11	2,085	5	304	17
Lawrence Co. AVTS	2,504[b]	2,787[b]	11	2,989	7	485	19
Lebanon Co. AVTS	2,268	2,459	8	2,277	-7	9	0.4
Lenape AVTS	-	3,400	0.03	3,269	-	-131	0.03
Mercer Co. AVTS	2,512	2,354	-6	2,907	24	395	16
Monroe Co. AVTS	-	4,606	-	2,734	-	-	-
N-hampton Co. CC	*	*	-	*	-	*	-
Philadelphia SD	*	*	-	*	-	*	-
Pittsburgh SD	1,961	2,017	3	2,076	3	115	6
Rdng-Muhlenberg	3,139	2,126	-32	2,289	8	-850	-27

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Table 32

OPERATING COST PER PRACTICAL NURSE STUDENT AND ANNUAL PERCENT CHANGE, 1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATOR)

School	1979-80	1980-81		1981-82		Two-Year Increase 79-80 to 81-82	
	Cost	Cost	Change	Cost	Change		
	$	$	%	$	%	$	%
Schuylkill Co. AVTS	2,238	2,521	13	2,731	8	493	22
Somerset Co. AVTS	2,296	1,708	-26	1,957	15	-339	-15
Upper Bucks AVTS	953	963	28	1,450	51	697	93
Venango Co. AVTS	550	614	12	618	0.7	68	12
Warren Co. AVTS	1,150	1,150	0	(Feb)1,150 (Sept)1,450	0	0	0
Wilkes-Barre AVTS	1,604	1,664	4	2,182	31	578	36
York County AVTS	2,539	1,963	-23	2,370	21	-169	-7

*Data not reported by school administrator; not available

[a] Data noted by reporting Coordinator as inclusive of "books, uniforms, etc. and graduation fee."

[b] Data noted by reporting Coordinator as "Charged to students; no state aid."

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Tuition charged to Practical Nurse students is determined annually, based on the difference between the vocational education program subsidy and operating costs. Table 33 reports the annual tuition rates reported by administrators of 37 of the 41 schools that housed Practical Nurse programs in 1979-80, 1980-81, and 1981-82. Increases in operating costs and reductions in State funding contributed to increases in student tuition charges, from 1979-80 to 1981-82, that ranged from 12 percent to 499 percent, with only one school reporting a reduction (five percent) in tuition charges. Table 33 also reports the annual tuition charges to 2508.3 ("welfare") students in 22 schools which applied for 2508.3 funding from the State.

Table 33

REGULAR PRACTICAL NURSE PROGRAM TUITION CHARGES AND AMOUNT CHARGED 2508.3 (WELFARE) STUDENTS
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATOR)

	Regular Tuition Charge					2508.3 (Welfare) Tuition Charge				
	Annual Tuition			2-Year Increase 79-80 to 81-82		Annual Tuition			2-Year Increase 79-80 to 81-82	
School	79-80	80-81	81-82			79-80	80-81	81-82		
	$	$	$	$	%	$	$	$	$	%
Altoona AVTS	480	600	600	120	25	480	600	600	120	25
	600					600			0	0
Beaver Co. CC	-	-	640	-	-	-	-	640	-	-
Bucks Co. AVTS	250	250	350	100	40	250	250	350	100	40
Carbon Co. AVTS	760	900	1,301	541	71	-	-	-	-	-
Ctrl. Chester AVTS	648	983	1,135	487	43	-	925	-	-	-
Centre Co. AVTS	740	907	1,040	300	41	-	-	-	-	-
Chester-Upland SD	*	*	*	*	-	*	*	*	*	-
Clarion Co. AVTS	-	-	1,697	-	-	-	-	-	-	-
Clearfield Co. AVTS:										
March	800	1,000	1,000	200	25	-	-	-	-	-
September	900	1,000	1,100	200	22	-	-	-	-	-
Crawford Co. AVTS	726	813	1,186	460	63	-	-	-	-	-
Danville SD	919	1,042	1,653	734	80	-	-	-	-	-
E. Montgomery AVTS	640	795	1,032	392	61	640	795	1,032	392	61
Erie City SD	583	620	800	217	37	583	620	677	94	16
Fayette Co. AVTS	*	*	*	*	-	*	*	*	*	-
Franklin Co. AVTS	822	850	1,242	420	51	822	850	1,242	420	51
Gr. Johnstown AVTS	446	499	700	254	57	-	-	-	-	-
Greene Co. AVTS	671	788	1,202	531	79	461	549	1,202	741	161
Hanover SD	575	664	1,151	576	100	-	-	-	-	-
Hgb-Steelton AVTS	*	*	*	*	-	*	*	*	*	-
Hazleton AVTS:										
February	400	400	800	400	100	400	-	-	-	-
September	500	600	1,000	600	150	-	-	-	-	-
Indiana Co. AVTS	585	641	836	251	43	-	-	-	-	-

Table 33 (Continued)

REGULAR PRACTICAL NURSE PROGRAM TUITION CHARGES AND AMOUNT CHARGED 2508.3 (WELFARE) STUDENTS
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATOR)

	Regular Tuition Charge					2508.3 (Welfare) Tuition Charge				
	Annual Tuition			2-Year Increase 79-80 to 81-82		Annual Tuition			2-Year Increase 79-80 to 81-82	
School	79-80	80-81	81-82			79-80	80-81	81-82		
	$	$	$	$	%	$	$	$	$	%
Jeff-DuBois AVTS	1,100	1,100	1,364	264	24	-	-	-	-	-
Jun-Mifflin AVTS	567	725	1,090	523	92	567	725	-	-	-
										(79-80 to 80-81)
Lackawanna AVTS	462	690	820	358	77	462	690	605	143	31
Lancaster Co. AVTS	539	681	786	247	46	554	576	585	31	6
Lawrence Co. AVTS	591	754	845	254	43	591[a]	754[a]	-	-	-
Lebanon Co. AVTS	565	665	702	137	24	-	-	-	-	-
Lenape AVTS	-	2,000	3,250	1,250	63	-	2,000	3,250	1,250	63
										(1980-81 to 1981-82)
Mercer Co. AVTS	860	760	1,075	215	25	860	760	1,075	215	25
Monroe Co. AVTS	-	524	1,010	486	93	-	524	617	93	18
										(1980-81 to 1981-82)
N-hampton Co. CC	24	24	26	2	8	24	24	26	2	8
	(per credit hour)					(per credit hour)				
Philadelphia SD	*	*	*	*	-	*	*	*	*	-
Pittsburgh SD	1,020	733	972	-48	-5	1,020	733	972	-48	-5
Rdng-Muhlenberg	479	581	890	411	86	479	581	621	142	30
Schuylkill AVTS	400	400	700	300	75	400	400	700	300	75
Somerset Co. AVTS	690	641	957	267	39	602	629	855	253	42
Upper Bucks AVTS	754	963	1,450	696	92	-	-	-	-	-
Venango Co. AVTS	550	614	618	68	12	550	614	618	68	12

Table 33 (Continued)

REGULAR PRACTICAL NURSE PROGRAM TUITION CHARGES AND AMOUNT CHARGED 2508.3 (WELFARE) STUDENTS
1979-80, 1980-81, 1981-82
(SCHOOL ADMINISTRATOR)

	Regular Tuition Charge					2508.3 (Welfare) Tuition Charge				
	Annual Tuition			2-Year Increase 79-80 to 81-82		Annual Tuition			2-Year Increase 79-80 to 81-82	
School	79-80	80-81	81-82			79-80	80-81	81-82		
	$	$	$	$	%	$	$	$	$	%
Warren Co. AVTS	1,150	1,150	1,150	0	0	-	-	-	-	-
			1,450	300	26					
Wilkes-Barre AVTS	401	1,106	2,402	2,001	499	401	461	620	219	55
York County AVTS	670	639	1,107	437	65	670	639	1,107	437	65

*No data reported.

[a] Coordinator reported, "No fee was charged individually to welfare recipients. The amount shown represents the amount reimbursed to the school from State Department of Welfare."

Program Coordinators were asked to indicate the number of students who dropped out of Practical Nursing during 1979-80, 1980-81, and 1981-82 and, further, to record the percentage of those drop-outs who were 2508.3-eligible ("welfare") students. The Practical Nurse program attrition rate, as shown in Table 34, is presented here as reported by PN Coordinators: some were reported in raw numbers and some as percentages. No attempt has been made to rectify the discrepancy, nor has an attempt been made to match or compare these numbers or percentages to the number reported as enrolled during the three-year period: some of those reported in this table may have been carry-overs from previously enrolled students or may have re-enrolled after a period of inactivity following "drop-out." Table 34 is included in this report to indicate the intra-year changes in program enrollment that occurred, for whatever reasons; i.e., some drop-outs may have occurred for reasons of health, family crisis, etc., or they have been permanent withdrawals. Data reported by the PN Coordinators is based on the total number enrolled five days after the class had convened. The schools admit students twice a year.

Table 34

PRACTICAL NURSE PROGRAM ATTRITION
1979-80, 1980-81, 1981-82
(PROGRAM COORDINATORS)

School	1979-80			1980-81			1981-82		
	Total		% Welfare	Total		% Welfare	Total		% Welfare
	N	%		N	%		N	%	
Altoona AVTS	27	-	-	35	-	-	9	-	-
Beaver Co. CC	37	-	7.4	22	-	5.5	28	-	1.0
Bucks Co. AVTS	3	-	-	5	-	-	2	-	-
Carbon Co. AVTS	-	16.7	6.7	-	10.0	3.3	-	13.3	-
Ctrl. Chester	-	0.1	-	-	0.9	-	-	21.0	-
Centre Co. AVTS	-	16.0	-	-	20.0	-	-	21.0	-
Chester Upland	-	54.5	-	-	47.2	40.0	-	23.5	31.6
Clarion Co. AVTS	-	-	-	-	-	-	-	6.7	-
Clearfield AVTS	-	6.3	-	-	3.0	-	-	10.0	-
Crawford AVTS	19	-	36.8	10	-	33.3	9	-	40.0
Danville SD	-	3.0	-	-	7.0	-	-	8.0	-
E. Montgomery	-	20.3	30.0	-	14.8	28.5	-	22.2	50.0
Erie City SD	-	38.0	26.0	-	22.0	27.0	-	34.0	40.0
Fayette Co. AVTS	-	20.0	-	-	18.0	-	-	24.0	-
Franklin Co. AVTS	-	22.0	-	-	18.0	1.0	-	24.0	-
Gr. Johnstown	19	-	-	4	-	-	17	-	-
Greene County	-	9.0	2.00	-	2.0	-	-	4.0	1.0
Hanover Public SD	11	27.0	3.0	12	30.0	-	19	32.0	-
Hgb.-Steelton	-	25.0	100.0	-	30.0	84.0	-	20.0	100.0
Hazleton AVTS	11	-	-	29	-	-	34	-	-
Indiana Co.	-	8.8	-	-	8.5	-	-	6.6	4.4
Jeff-DuBois	-	8.0	-	-	23.0	-	-	22.0	-
Jun-Mifflin	-	3.0	-	-	-	-	-	3.0	-
Lackawanna AVTS	-	28.0	5.0	-	27.0	1.0	-	22.0	-
Lancaster AVTS	-	25.0	9.0	-	25.0	9.0	-	21.0	9.0
Lawrence Co.	-	7.0	-	-	7.0	0.9	-	8.0	0.4
Lebanon Co. AVTS	-	10.0	-	-	16.7	-	-	20.4	-
Lenape AVTS	-	-	-	-	13.5	-	-	20.0	-
Mercer Co. AVTS	6	13.9	-	1	2.5	-	1	2.9	-
Monroe Co. AVTS	-	-	-	-	-	-	-	-	-
N-hampton CC	*	*	*	*	*	*	*	*	*
Philadelphia	-	22.4	21.8	-	27.9	32.0	-	21.2	20.6
Pittsburgh SD	-	40.6	27.5	-	32.6	25.5	-	33.6	29.7
R-Muhlenberg	-	5.0	2.0	-	27.0	5.0	-	15.0	2.0
Schuylkill Co.	4	-	25.0	12	-	40.0	8	-	50.0
Somerset Co.	-	6.9	50.0	-	6.9	19.0	-	4.2	15.0
Upper Bucks	-	14.0	8.0	-	12.2	20.4	-	14.0	12.0
Venango Co.	-	17.6	-	-	12.2	-	-	26.4	-
Warren Co. AVTS	-	7.0	-	-	7.0	-	-	7.0	-
Wilkes-Barre	-	42.0	25.0	-	28.0	50.0	-	37.0	64.0
York Co. AVTS	15	-	5.0	16	-	-	3	-	-

*No data reported.

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The annual numbers of Practical Nurse Program completers are shown in Table 35. With 41 schools reporting, 1979-80 completers totaled 1,886, 1980-81 completers totaled 2,047, and 2,222 people completed the Practical Nurse Program in 1981-82. Over the three-years (1979-80, 1980-81, and 1981-82), a total of 6,155 persons were reported as having completed the Practical Nurse Program in 41 schools. (NOTE: Numbers of completers cannot be compared statistically with earlier data which related enrollments since some completers may have been program-reentries, sometime after annual reporting, following a leave of absence due to illness, etc. Also, of major importance is the fact that program year did not coincide with fiscal year in most schools.)

Table 35 reports the approximate numbers of program completers who were female, male, and beneficiaries of 2508.3 ("welfare") subsidy. (For some schools, data were missing or inconclusive due to errors in reporting on the survey questionnaire.) From data that were supplied, there were 5,869 female program completers (95 percent of total) and 161 men (three percent of total) over the three-year period. Fourteen percent of all completers during the three years, or 865 people, were shown as students for whom "welfare" monies were received by the Practical Nursing programs: 17 were reported as CETA students and the balance (858) were "2508.3" students.

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Table 35

ANNUAL PRACTICAL NURSE PROGRAM COMPLETERS
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Practical Nurse Program Completions												3-Year Total						
	1979-80				1980-81				1981-82										
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
Altoona AVTS	48	46	2	4	44	43	1	5	61	57	4	4	153	153	146	7	5	13	8
Beaver Co. CC[a]	37	37	-	5	22	22	-	4	28	28	-	1	87	87	100	-	-	10	11
Bucks Co. AVTS	47	46	1	5	43	43	-	6	58	57	1	3	148	146	99	2	1	14	9
Carbon Co. AVTS	25	25	-	10	27	27	-	10	26	25	1	6	78	77	99	1	1	26	33
Central Chester Co.	31	30	1	-	31[b]	31	-	1	31[b]	31	-	-	93	92	99	1	1	1	1
Centre Co. AVTS	54	52	2	-	49	48	1	-	48	44	4	-	151	144	95	7	5	-	-
Chester-Upland SD	15	15	-	-	19	16	3	3	52[c]	51	1	13	86	82	95	4	5	16	19
Clarion Co. AVTS	-	-	-	-	-	-	-	-	14	14	-	-	14	14	100	-	-	-	-
Clearfield Co. AVTS	30	30	-	-	31	30	1	-	29	29	-	-	90	89	99	1	1	-	-
Crawford Co. AVTS	22	22	-	4[d]	25	25	-	7[d]	25	25	-	6[d]	72	72	100	-	-	17[d]	24[d]
Danville Area SD	66	63	3	-	115	113	2	-	122	118	4	-	303	294	97	9	3	-	-
E. Montgomery AVTS	43	36	-	7	46	44	-	2	42	39	1	2	131	119	91	1	1	11	8
Erie City SD	31	30	1	4	39	38	1	4	41	39	2	9	111	107	96	4	4	17	15
Fayette Co. AVTS	32	32	-	4	29	27	2	2	25	25	-	3	86	84	98	2	2	9	10
Franklin Co. AVTS	55	55	-	1	57	54	3	1	56	55	1	2	168	164	98	4	2	4	2
Gr. Johnstown AVTS	73	72	1	7	86	81	5	10	75	72	3	6	234	225	96	9	4	23	10
Greene Co. AVTS	28	28	-	-	37	37	-	5	32	31	1	1	97	96	99	1	1	6	6
Hanover Public SD	28	28	-	-	29	29	-	-	40	40	-	-	97	97	100	-	-	-	-
Hbg.-Steelton AVTS	45	45	-	-	41	40	1	1	48	47	1	-	134	132	99	2	1	1	1
Hazleton AVTS	42	42	-	-	29	26	3	-	34	34	-	-	105	102	97	3	3	-	-
Indiana Co. AVTS	31	31	-	-	32	31	1	-	42	34	-	8[d]	105	96	91	1	1	8[d]	8[d]
Jefferson-DuBois	55	55	-	-	46	45	1	-	47	46	1	-	148	146	99	2	1	-	-
Juniata-Mifflin	28	28	-	1	30	30	-	2	29	28	1	-	87	86	99	1	1	3	3
Lackawanna Co. AVTS	47	47	-	4	59	56	3	8	64	62	2	6	170	165	97	5	3	18	11

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Table 35 (Continued)

ANNUAL PRACTICAL NURSE PROGRAM COMPLETERS
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Practical Nurse Program Completions												3-Year Total						
	1979-80				1980-81				1981-82										
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
Lancaster Co. AVTS	103	102	1	2	98	97	1	2	117	114	3	2	318	313	98	5	2	6	2
Lawrence Co. AVTS	22	22	-	2	22	22	-	6	24	24	-	10	68	68	100	-	-	18	26
Lebanon Co. AVTS	37	36	1	-	35	35	-	-	47	47	-	-	119	118	99	1	1	-	-
Lenape AVTS	-	-	-	-	39	39	-	-	45	45	-	-	84	84	100	-	-	-	-
Mercer Co. AVTS	33	32	1	10	55	55	-	16	34	34	-	8	122	121	99	1	1	34	28
Monroe Co. AVTS	-	-	-	-	14	13	1	1	26	26	-	3	40	39	98	1	3	4	10
Northampton Co. CC	51	*	*	*	25	*	*	*	31	*	*	*	107	*	-	*	-	*	-
Philadelphia SD	166	162	4	104	163	154	9	83	167	160	7	81	496	476	96	20	4	268	54
Pittsburgh SD	164	155	9	74	190	179	11	73	200	191	9	64	554	525	95	29	5	211	38
Reading-Muhlenberg	70	70	-	2	77	77	-	7	92	91	1	7	239	238	99	1	1	15	7
Schuylkill Co. AVTS	42	42	-	13	39	38	1	18	37	37	-	12	118	117	99	1	1	38	68
Somerset Co. AVTS	54	52	2	7	63	61	2	18	66	62	4	17	183	175	96	8	4	42	23
Upper Bucks AVTS	43	42	1	2[d]	43	43	-	8[d]	43	41	2	4[d]	129	126	98	3	2	14	11
Venango Co. AVTS	21	21	-	-	28	27	1	-	38	37	1	-	87	85	98	2	2	-	-
Warren Co. AVTS	31	30	1	-	31	31	-	-	31	30	1	-	93	91	98	2	2	-	-
Wilkes-Barre AVTS	85	79	6	3	83	76	7	8	68	63	5	6	236	218	92	18	8	17	7
York County AVTS	51	50	1	-	76	76	-	-	87	86	1	-	214	212	99	2	1	-	-
Total Reported	1,886	1,790	38	275	2,047	1,960	61	306	2,222	2,119	62	284	6,155	5,869	95	161	3	865	14

*No data reported.

[a] At Beaver County Community College, "First semester students must decide if they wish to continue in the ADN program or the LPN program."

[b] 1980-81 and 1981-82 completers Central Chester County AVTS "Include students who took medical leaves of absence of less than one year but returned to finish."

[c] 1981-82 total at Chester-Upland SD included "16 who graduated in 1983."

[d] CETA students reported as "welfare" completers.

State Board of Practical Nursing licensure examinations are given two times each year--April and October. Students who have graduated from an approved Practical Nurse program may sit for the examination the first time it is offered after graduation; however, some elect to postpone taking the examination until a later offering. Practical Nurse programs have record of the aggregate number of people who took the examination for the first time, the aggregate scores, and the number of persons who successfully completed the examination and were awarded licensure, or, the title Licensed Practical Nurse.

Practical Nurse Program Coordinators were asked to report the numbers of successful first-time takers of the State Board examination for the years 1979-80, 1980-81, and 1981-82. As shown in Table 36 (with all 41 schools reporting), 1,785 graduates achieved licensure in 1979-80, in 1980-81 there were 1,910, and in 1981-82 there were 2,063. The total number of successful licensure attempts for the three-year period was 5,758.

As was the case in reporting program completers (in Table 35), incomplete or inconclusive data were received from some schools regarding the numbers of men, women, and 2508.3 students. From Table 36, however, it can be seen that approximately 95 percent were women, three percent were men, and ten percent were "welfare" recipients (590 reported as "2508.3" and 31 reported as "CETA").

Table 36

LICENSURE ACHIEVED BY FIRST-TIME TAKERS OF STATE BOARD EXAMINATION
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Licensed Practical Nurse Achievers (First-Time Takers)												3-Year Total						
	1979-80				1980-81				1981-82										
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
Altoona AVTS	47	45	2	4	44	43	1	5	61	57	4	4	152	145	95	17	5	13	9
Beaver Co. CC	35	35	-	5	21	21	-	4	27	27	-	1	83	83	100	-	-	10	12
Bucks Co. AVTS	47	46	1	5	43	43	-	6	58	57	1	3	148	146	99	2	1	14	9
Carbon Co. AVTS	25	25	-	10	27	26	-	10	26	23	1	6	78	74	95	1	1	26	33
Central Chester Co.	29	28	1	-	30	30	-	-	31	31	-	-	90	89	99	1	1	-	-
Centre Co. AVTS	53	51	2	-	49	48	1	-	48	44	4	-	150	143	95	7	5	-	-
Erie City SD	31	30	1	4	39	38	1	4	41	39	2	9	111	107	96	4	4	17	15
Fayette Co. AVTS	29	29	-	4	27	25	2	2	25	25	-	3	81	79	98	2	3	9	11
Franklin Co. AVTS	57	55	2	-	54	53	-	2	57	56	1	4	168	164	98	3	2	6	4
Gr. Johnstown AVTS	70	69	-	6	83	79	4	10	72	70	2	6	225	218	97	6	3	22	10
Green Co. AVTS	28	28	-	-	36	36	-	5	31	30	1	-	95	94	99	1	1	5	5
Hanover Public SD	28	28	-	-	29	29	-	-	40	40	-	-	97	97	100	-	-	-	-
Chester-Upland SD	14	14	-	-	19	16	3	5	44	43	1	10	77	73	95	4	5	15	19
Clarion Co. AVTS	-	-	-	-	-	-	-	-	14	14	-	-	14	14	100	-	-	-	-
Clearfield Co. AVTS	29	29	-	-	30	29	1	-	29	29	-	-	88	87	99	1	1	-	-
Crawford Co. AVTS	22	22	-	4[a]	25	25	-	7[a]	25	25	-	6[a]	72	72	100	-	-	17[a]	24[a]
Danville Area SD	66	63	3	-	62	60	2	-	100	96	4	-	228	219	96	9	4	-	-
E. Montgomery AVTS	43	38	-	5	43	40	-	3	35	32	1	2	121	110	91	1	1	5	4
Hgb.-Steelton AVTS	45	45	-	-	40	39	1	1	46	45	1	-	131	129	98	2	2	1	1
Hazleton AVTS	35	35	-	2	26	26	3	-	31	31	-	-	92					2	2
Indiana County AVTS	29	29	-	-	32	31	1	-	41	34	-	7	102	94	92	1	1	7	7
Jeff-DuBois AVTS	54	54	-	-	45	44	1	-	47	46	1	-	146	144	99	2	1	-	-
Juniata-Mifflin AVTS	27	27	-	1	29	29	-	2	27	26	1	-	83	82	99	1	1	3	4
Lackawanna Co. AVTS	46	46	-	4	57	55	2	7	61[b]	59	2	5	164	160	98	4	2	16	10

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Table 36 (Continued)

LICENSURE ACHIEVED BY FIRST-TIME TAKERS OF STATE BOARD EXAMINATION
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Licensed Practical Nurse Achievers (First-Time Takers)																		
	1979-80				1980-81				1981-82				3-Year Total						
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female		Male		Welfare	
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%	N	%	N	%
Lancaster Co. AVTS	101	100	1	2	93	92	1	2	94	92	2	2	288	284	99	4	1	6	2
Lawrence Co. AVTS	22	22	-	2	21	21	-	6	23	23	-	10	66	66	100	-	-	18	27
Lebanon Co. AVTS	37	36	1	-	35	35	-	-	47	47	-	-	119	118	99	1	1	-	-
Lenape AVTS	-	-	-	-	39	39	-	-	36	34	-	-	75	73	97	-	-	-	-
Mercer Co. AVTS	33	32	1	10	55	55	-	16	32	32	-	8	120	119	99	1	1	34	28
Monroe Co. AVTS	-	-	-	-	26	26	-	3	26	25	-	3	52	51	98	-	-	6	12
Northampton Co. CC	*	*	*	*	*	*	*	*	*	*	*	*	*	*	-	*	-	*	-
Philadelphia SD	156	153	3	*	143	140	3	*	150	148	2	*	449	441	98	8	2	*	*
Pittsburgh SD	162	153	9	73	187	174	11	72	199	186	9	63	548	513	94	29	5	208	38
Rdng.-Muhlenberg	68	68	-	2	74	74	-	7	88	81	1	7	230	223	97	1	.43	16	7
Schuylkill Co. AVTS	41	41	-	13	39	38	1	16	21	21	-	12	101	100	99	1	1	41	41
Somerset Co. AVTS	54	52	2	7	63	61	2	18	66	62	4	17	183	175	96	8	4	42	43
Upper Bucks AVTS	39	38	1	2[a]	39	39	-	8[a]	43	41	2	4[a]	121	118	98	3	2	14[a]	12[a]
Venango Co. AVTS	21	21	-	-	28	27	1	-	38	37	1	-	87	85	98	2	2	-	-
Warren Co. AVTS	28	28	-	-	31	31	-	-	31	30	1	-	90	89	99	1	1	-	-
Wilkes-Barre AVTS	85	79	6	3	71	66	5	8	66	61	5	6	222	206	93	16	7	17	8
York County AVTS	49	48	1	-	76	76	-	-	86	85	1	-	211	209	99	2	1	-	-
Total Reported	1,785	1,742	37	168 (includes 6 CETA)	1,910	1,859	47	229 (includes 15 CETA)	2,063	1,984	55	198 (includes 10 CETA	5,758	5,493	95	145	3	590	10 (includes 31 CETA)

*Data not reported.
[a] CETA recipients.

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Table 37 reports Practical Nurse Program Coordinators' responses to a question seeking information about the numbers of men, women, and welfare students (i.e., those for whom 2508.3 subsidies were received) who found employment (as Licensed Practical Nurses) upon program completion and attainment of Practical Nurse licensure. Twelve schools reported 100 percent placement for FYs 1979-80, 1980-81, and 1981-82; two schools reported 99 percent placement; three had 97 percent placement; three had 96 percent placement; one had 95 percent placement; three had 94 percent placement; and one had 93 percent placement. In the 80-percent range, two reported 89 percent placement, one, 86 percent, and one, 84 percent. Three schools reported in the 70-percent range: one with 77 percent, one with 75 percent, and one with 74 percent, all in areas with general employment difficulties. The two schools with the lowest reported placement--69 percent and 52 percent--were both in geographic areas of depressed economies (Wilkes-Barre AVTS and Greater Johnstown AVTS, respectively). The overall placement rate for the 39 schools that reported three-year placements was 90 percent, or 5,436 of 5,981 Practical Nurse program graduates placed. Of these, 791 (15 percent) had been recipients of Section 2508.3 (welfare) subsidy.

Table 37

PRACTICAL NURSE PROGRAM COMPLETERS PLACED IN EMPLOYMENT INITIALLY AFTER PROGRAM COMPLETION
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Numbers of Completers Placed After Graduation												3-Year Placement Rate		
	1979-80				1980-81				1981-82				3-Year Total Completers	3-Year Total Placed	
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare			
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%
Altoona AVTS	48	46	2	4	44	43	1	5	59	55	4	4	153	151	99
Beaver Co. CC	35	35	-	5	19	19	-	4	23	23	-	1	87	77	89
Bucks Co. AVTS	26	25	1	4	39	37	-	2	46	45	1	2	148	111	75
Carbon Co. AVTS	25	25	-	10	27	27	-	10	26	25	1	6	78	78	100
Central Chester Co.	30	29	1	-	31	*	*	1	31	31	-	-	93	92	99
Centre Co. AVTS	53	51	2	-	47	46	1	-	46	42	4	-	151	146	96
Chester-Upland SD	15	15	-	-	19	16	3	3	52	51	1	13	86	86	100
Clarion Co. AVTS	*	-	-	-	-	-	-	-	14	14	-	-	14	14	100
Clearfield Co. AVTS	23	23	-	-	25	24	1	-	26	26	-	-	90	74	82
Crawford Co. AVTS	22	22	-	4	25	25	-	7	25	25	-	6	72	72	100
Danville Area SD	66	63	3	-	115	113	2	-	122	118	4	-	303	293	96
E. Montgomery AVTS	"100%"	*	*	*	"100%"	*	*	*	"100%"	*	*	*	131	131	100
Erie City SD	31	30	1	4	39	38	1	4	41	39	2	9	111	111	100
Fayette Co. AVTS	28	28	-	4	23	21	2	2	23	23	-	3	86	74	86
Franklin Co. AVTS	56	53	3	-	56	53	3	2	56	55	1	4	168	168	100
Gr. Johnstown AVTS	36	35	1	5	40	36	4	5	45	43	2	8	234	121	52
Greene Co. AVTS	27	27	-	-	33	33	-	5	33	32	1	-	97	93	96
Hanover Public SD	28	28	-	-	29	29	-	-	40	40	-	-	97	97	100
Hgb.-Steelton AVTS	45	45	-	-	41	40	1	1	44	43	1	-	134	130	97
Hazleton AVTS	26	23	1	2	24	22	2	-	28	28	-	-	105	78	74
Indiana Co. AVTS	*	*	*	*	30	30	-	-	8	8	-	-	105	*	*
Jeff-DuBois AVTS	55	55	-	-	46	45	1	-	47	46	1	-	148	148	100
Jun.-Mifflin AVTS	27	27	-	1	24	24	-	2	22	21	1	-	87	73	84
Lackawanna Co. AVTS	46	46	-	4	53	50	3	8	60	58	2	5	170	159	94

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Table 37 (Continued)

PRACTICAL NURSE PROGRAM COMPLETERS PLACED IN EMPLOYMENT INITIALLY AFTER PROGRAM COMPLETION
1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	Annual Numbers of Completers Placed After Graduation												3-Year Placement Rate		
	1979-80				1980-81				1981-82				3-Year Total Completers	3-Year Total Placed	
	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare			
	N	N	N	N	N	N	N	N	N	N	N	N	N	N	%
Lancaster Co. AVTS	102	100	1	2	97	96	1	2	109	55	3	3	318	308	97
Lawrence Co. AVTS	22	22	-	2	19	19	-	6	22	22	-	10	68	63	93
Lebanon Co. AVTS	37	35	1	-	35	34	-	-	47	47	-	-	119	119	100
Lenape AVTS	-	-	-	-	39	39	-	-	36	32	-	-	84	75	89
Mercer Co. AVTS	31	30	1	10	54	54	-	16	30	30	-	8	122	115	94
Monroe Co. AVTS	-	-	-	-	13	13	1	1	26	26	-	3	40	39	98
Northampton Co. AVTS	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Philadelphia SD	158	157	1	99	159	151	8	80	150	143	7	71	496	467	94
Pittsburgh SD	162	153	9	74	184	174	10	71	192	183	9	61	554	538	97
Rdng.-Muhlenberg	59	59	-	3	39	39	-	5	86	85	1	7	239	184	77
Schuylkill Co. AVTS	37	37	-	12	31	30	1	10	28	28	-	10	118	96	81
Somerset Co. AVTS	54	52	2	7	63	60	3	18	66	62	4	17	183	183	100
Upper Bucks Co.	42	41	1	2[a]	40	40	-	8[a]	41	39	2	4[a]	129	123	95
Venango Co. AVTS	21	21	-	-	28	27	1	-	38	37	1	-	87	87	100
Warren Co. AVTS	30	30	-	-	30	29	-	-	31	30	1	-	93	91	98
Wilkes-Barre AVTS	68	64	4	-	35	28	7	-	59	54	5	-	236	162	69
York Co. AVTS	51	50	1	-	75	75	-	-	83	83	-	-	214	209	98
Total Reported**	1,622	1,582	36	258 (including 6 CETA)	1,770	1,679	57	278 (including CETA)	1,961	1,847	59	255 (including CETA)	6,048	5,436	90

[a] CETA students reported as "welfare" students placed.

*Data missing or incomplete.

**Data reported in this table are presented as received from respondents.

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Table 38 is included as an information-only item. Follow-up surveys of program graduates were conducted at varying intervals after graduation and initial placement by the various Practical Nurse programs. Some schools reported such follow-up surveys four-and-six months or four-and-nine months after graduation, one year after graduation, etc. Table 38 reports the survey data for each school and class (where data were provided), the total graduates (completers) as was shown in Table 35, and the number of follow-up survey respondents as well as the number of female and male respondents who said they were employed at the time they responded to the various surveys. (NOTE: Practical Nurse Program Coordinators used information from the most recent follow-up survey to provide information about graduates' last-known addresses and employers on the "Graduate Identification Form" which was then used by the researchers to attempt to locate PN graduates who would be selected by random sampling to receive the "Practical Nursing Graduate Questionnaire.")

Data in Table 38 appear as recorded by Practical Nurse Program Coordinators. No attempt has been made to calculate percentage comparisons between the numbers of program completers and the numbers employed because of the large number of completers for whom no follow-up was available.

Table 38

NUMBER OF PRACTICAL NURSE PROGRAM COMPLETERS EMPLOYED, ACCORDING TO MOST RECENT SURVEY OF GRADUATES
FISCAL YEARS 1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

School	1979-80					1980-81					1981-82				
	Survey Date	Total Grads	Total Reply	Employed		Survey Date	Total Grads	Total Reply	Employed		Survey Date	Total Grads	Total Reply	Employed	
				Female	Male				Female	Male				Female	Male
		N	N	N	N		N	N	N	N		N	N	N	N
Altoona AVTS	1 Year	48	20	17	2	1 Year	44	16	15	1	1 Year	61	18	17	-
Beaver Co. CC	1 Year	37	35	35	-	1 Year	22	17	17	-	1 Year	28	18	18	-
Bucks Co. AVTS	1 Year	47	18	18	-	1 Year	43	7	7	-	1 Year	58	9	9	-
Carbon Co. AVTS	18 Mos.	25	23	23	-	4&11 Mos.	27	24	24	-	2 Years	26	22	21	1
Central Chester	4&6 Mos.	31	30	29	1	4&6 Mos.	31	31	31	-	4&6 Mos.	31	30	30	-
Centre Co. AVTS	1 Year	34	53	51	2	1 Year	49	47	46	1	1 Year	48	46	42	4
Chester-Upland	2 Years	15	*	*	*	1 Year	19	15	15	-	1 Year	52	*	*	*
Clarion Co. AVTS	-	-	-	-	-	-	-	-	-	-	*	14	14	14	-
Clearfield AVTS	3/1984	30	21	21	-	3/1984	31	26	25	1	3/1984	29	25	25	-
Crawford Co. AVTS	4&9 Mos.	22	22	22	-	4&9 Mos.	25	25	25	-	4&9 Mos.	25	25	25	-
Danville SD	1 Year	66	66	63	3	1 Year	115	62	60	2	1 Year	112	100	96	4
E. Montgomery Co.	3 Years	43	42	42	-	2 Years	46	46	46	-	*	42	42	42	1
Erie City SD	1983	31	*	*	*	1983	39	*	*	*	1983	41	*	*	*
Fayette Co. AVTS	*	32	*	*	*	*	29	*	*	*	1983	25	*	*	*
Franklin Co. AVTS	4&9 Mos.	55	56	53	3	4&9 Mos.	57	56	53	3	4&9 Mos.	56	56	55	1
Gr. Johnstown	9&15 Mos.	73	70	61	1	4&9 Mos.	86	79	75	4	16 Mos.	75	57	55	2
Greene Co. AVTS	*	28	27	27	-	*	37	32	32	-	*	32	33	32	1
Hanover SD	1983	28	25	25	-	1983	29	28	28	-	1983	40	36	36	-
Hgb-Steelton	1 Year	45	45	45	-	1 Year	41	41	40	1	1 Year	48	48	47	1
Hazleton AVTS	*	42	38	38	1	*	29	30	30	-	*	34	32	32	-
Indiana Co. AVTS	*	33	*	*	*	3/1984	32	20	20	-	3/1984	42	36	*	*
Jeff-DuBois AVTS	*	55	55	55	-	*	46	44	43	1	*	47	47	45	-
Jun.-Mifflin	1 Year	28	27	27	-	1Year	30	27	27	-	1 Year	29	25	24	1
Lackawanna Co.	11/1981[a]	49	*	(85.7%)		10/1982[a]	59	*	(85.3%)		10/1983[a]	64	*	(92.3%/100%)	

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Table 38 (Continued)

NUMBER OF PRACTICAL NURSE PROGRAM COMPLETERS EMPLOYED, ACCORDING TO MOST RECENT SURVEY OF GRADUATES
FISCAL YEARS 1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)

	1979-80					1980-81					1981-82				
	Survey	Total	Total	Employed		Survey	Total	Total	Employed		Survey	Total	Total	Employed	
School	Date	Grads	Reply	Female	Male	Date	Grads	Reply	Female	Male	Date	Grads	Reply	Female	Male
		N	N	N	N		N	N	N	N		N	N	N	N
Lancaster AVTS	1/1984	103	*	*	*	1/1985	98	*	*	*	1/1986	318	*	*	*
Lawrence Co.	1 Year	22	22	22	-	1 Year	22	19	19	-	1 Year	68	22	22	-
Lebanon Co. AVTS	1/1983	37	37	36	-	1/1983	35	35	34	-	1/1983	119	47	47	-
Lenape AVTS	-	-	-	-	-	2 Years	39	38	38	-	2 Years	84	34	34	-
Mercer Co. AVTS	6 Mos.	33	32	31	1	6 Mos.	55	53	53	-	6 Mos.	122	31	31	-
Monroe Co. AVTS	-	-	-	-	-	3/1983	14	13	13	1	3/1983	40	26	26	-
Northampton CC	*	51	*	*	*	*	25	*	*	*	*	107	*	*	*
Philadelphia SD[b]	6 Mos.	166	*	*	*	6 Mos.	163	*	*	*	6 Mos.	496	*	*	*
Pittsburgh SD	6 Mos.	164	162	153	9	6 Mos.	190	184	174	10	6 Mos.	354	191	183	8
Rdng. Muhlenberg	1/1984	70	15	12	-	1/1984	77	29	27	-	1/1984	239	68	68	-
Schuylkill AVTS	1982	42	40	40	-	1982	39	34	33	1	1983	118	36	36	-
Somerset AVTS	1982	54	50	48	2	1984	63	56	54	2	1984	183	66	62	4
Upper Bucks AVTS	2 Years	43	41	40	1	1 Year	43	41	41	-	2 Years	129	40	38	2
Venango Co. AVTS	6 Mos.	21	c	c	c	6 Mos.	28	c	c	c	6 Mos.	87	c	c	c
Warren Co. AVTS	2 Years	81	30	30	-	2 Years	31	30	29	-	2 Years	93	31	30	1
Wilkes-Barre AVTS	*	85	*	*	*	1 Year	83	80	75	7	6 Mos.	236	64	59	5
York County AVTS	Fall/1983	51	51	50	1	Fall/1983	76	75	75	-	Fall/1983	214	83	83	-

*Data missing or incomplete

[a] In preparing its NLN Report, Lackawanna County AVTS PN Program issued a blind questionnaire; data shown indicate percentage employed according to survey returns

[b] Philadelphia SD PN Program indicated that the rate of return of graduate surveys is poor; records are not kept on current employers

[c] Venango County AVTS PN Program: "A follow-up survey is conducted six months after graduation of a class to evaluate the efficacy of the program. At that time the graduates and their employers are surveyed. Six months following graduation the above (1979-80, 1980-81, 1981-82) program completers were 100% employed."

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Like Table 38, Table 39 is presented not as a statistically reliable table, but as an information-only representation of the employment outcomes of graduates of the three study years (1979-80, 1980-81, and 1981-82). The data were interpolated from the "Graduate Identification Form," which asked Coordinators to supply address and employer of a sample of graduates. Where Program Coordinators were unable to provide the name of an "employer" of a graduate, Table 39 indicates "no employer reported," as was the case for 243 persons for whom Coordinators did provide a last-known address. Where Program Coordinators were able to provide information (from the most recent follow-up survey of graduates) that the individual was "unemployed," these numbers are reported as "not employed," a category which included 39 persons who were full-time homemakers, who were unable to find employment, who may not have sought employment, etc. Thirty-two Practical Nurse graduates are reported in Table 39 as being engaged in "continuing education," indicating those who were enrolled in formal education at the time of the school's survey (but not those who may have completed their continuing education programs prior to the date of the school survey).

Table 39 also reports 121 persons whose employers' addresses were shown as out-of-state on the "Graduate Identification Form." Out-of-state employment was most prevalent among people who graduated from schools within commuting distance of states which abut Pennsylvania. Of the 2,098 Practical Nurse graduates for whom an employer was listed (on the "Graduate Identification Form"), interpretation of the employer name indicates that 1,232 were employed in acute care facilities such as hospitals and other primary care agencies, 495 were employed in long-term (extended care facilities such as nursing homes or ICF/MR facilities, 55 were employed in physicians' offices (either private or group practices), and 96 were reported as working as private duty nurses. (This group included those working through agency assignments and those who many have been self-employed as private duty nurses, home care aides, etc.). Eighty-eight graduates were reported as employed in "other" settings, including rehabilitation facilities, schools, etc.

Table 39

EMPLOYMENT STATUS OF SAMPLE PRACTICAL NURSE PROGRAM COMPLETERS, ACCORDING TO PRACTICAL NURSE PROGRAM COORDINATORS' RECORDS OF FISCAL YEARS 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)[a]

					Employment Descriptors of Sample						
					Geographic Location		Type of Employment Setting[b]				
School	Fiscal Year	No Employer Reported	Not Employed	Continuing Education	Employed in Penna.	Employed Out-of-State	Acute Care[1]	Long Term Care	Private or Group Practice	Private Duty[2]	Other[3]
		N	N	N	N	N	N	N	N	N	N
Altoona AVTS	79-80	-	-	-	15	1	4	7	3	1	-
	80-81	1	-	-	29	1	7	16	3	2	1
	81-82	1	-	-	28	-	7	16	2	3	-
Beaver Co. CC	80-81	1	2	-	11	-	7	2	-	1	1
	81-82	1	-	-	1	2	-	1	-	-	-
Bucks Co. AVTS	79-80	3	2	-	9	2	7	1	-	-	1
	80-81	4	1	-	25	2	21	2	1	-	1
	81-82	7	-	-	23	1	22	-	1	-	-
Carbon Co. AVTS	79-80	-	2	-	10	-	8	1	-	1	-
	80-81	1	3	-	21	-	18	3	-	1	-
	81-82	2	2	-	22	-	10	7	1	3	1
Central Chester	80-81	-	-	-	14	-	3	3	2	-	6
	81-82	-	-	-	15	-	11	1	-	-	3
Centre Co. AVTS	79-80	3	-	-	10	-	8	1	1	-	-
	80-81	13	-	-	17	-	13	3	1	-	-
	81-82	6	-	1	20	-	12	5	1	2	-
Chester-Upland SD	79-80	-	-	-	1	-	1	-	-	-	-
	80-81	1	-	-	29	2	26	-	-	2	1
	81-82	1	-	-	26	-	23	1	-	2	-
Clarion AVTS	81-82	16	-	-	9	-	8	1	-	-	-
Clearfield AVTS	79-80	-	2	1	12	-	9	1	-	-	2
	80-81	-	3	-	24	-	17	2	-	4	1
	81-82	-	-	-	26	1	16	3	-	1	6
Crawford Co. AVTS	79-80	2	-	-	12	1	8	3	-	-	1
	80-81	2	-	-	26	-	20	6	-	-	-
	81-82	-	-	-	10	-	9	1	-	-	-
Danville SD	79-80	-	-	-	15	-	9	5	-	1	-
	80-81	-	-	-	30	-	20	10	-	-	-
	81-82	-	-	-	28	-	14	11	-	1	2

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Table 39 (Continued)

EMPLOYMENT STATUS OF SAMPLE PRACTICAL NURSE PROGRAM COMPLETERS, ACCORDING TO PRACTICAL NURSE PROGRAM COORDINATORS' RECORDS OF FISCAL YEARS 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)[a]

School	Fiscal Year	No Employer Reported	Not Employed	Continuing Education	Employment Descriptors of Sample						
					Geographic Location		Type of Employment Setting[b]				
					Employed in Penna.	Employed Out-of-State	Acute Care[1]	Long Term Care	Private or Group Practice	Private Duty[2]	Other[3]
		N	N	N	N	N	N	N	N	N	N
E. Montgomery Co.	79-80	5	-	*	3	-	1	2	-	-	-
	80-81	9	-	*	6	2	6	-	-	-	-
	81-82	8	-	*	10	-	9	1	-	-	-
Erie City SD	79-80	-	-	-	10	-	10	-	-	-	-
	80-81	-	-	-	29	-	28	1	-	-	-
	81-82	-	-	1	24	1	18	5	-	-	1
Fayette Co. AVTS	79-80	-	-	-	14	3	7	3	2	1	-
	80-81	4	-	-	23	-	18	1	1	2	1
	81-82	8	-	3	18	12	12	4	1	-	1
Franklin Co. AVTS	79-80	1	-	1	13	3	8	5	-	-	-
	80-81	-	-	-	29	-	15	12	1	-	-
	81-82	1	-	-	29	5	14	14	-	1	-
Gr. Johnstown AVTS	79-80	3	-	-	12	3	8	4	-	-	-
	80-81	6	-	-	24	1	17	2	1	3	1
	81-82	3	-	-	26	9	15	7	-	1	3
Hanover SD	79-80	-	1	1	12	-	8	4	-	-	-
	80-81	1	-	-	28	5	19	9	-	-	-
	81-82	-	-	-	28	3	10	14	2	-	2
Hgb.-Steelton AVTS	79-80	1	-	-	14	1	10	3	-	1	-
	80-81	-	-	1	28	-	19	4	1	4	-
	81-82	-	-	-	23	-	11	8	-	3	1
Hazleton AVTS	79-80	3	-	-	8	1	5	3	-	-	-
	80-81	6	-	-	20	-	15	3	2	-	-
	81-82	4	3	-	19	1	8	5	1	3	2
Indiana Co. AVTS	79-80	3	6	-	6	-	3	2	-	1	-
	80-81	8	4	1	17	1	15	-	-	2	-
	81-82	3	1	-	25	-	11	13	-	1	-

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Table 39 (Continued)

EMPLOYMENT STATUS OF SAMPLE PRACTICAL NURSE PROGRAM COMPLETERS,
ACCORDING TO PRACTICAL NURSE PROGRAM COORDINATORS' RECORDS OF
FISCAL YEARS 1979-80, 1980-81, 1981-82
(PRACTICAL NURSE PROGRAM COORDINATORS)[a]

					Employment Descriptors of Sample						
					Geographic Location		Type of Employment Setting[b]				
School	Fiscal Year	No Employer Reported	Not Employed	Continuing Education	Employed in Penna.	Employed Out-of-State	Acute Care[1]	Long Term Care	Private or Group Practice	Private Duty[2]	Other[3]
		N	N	N	N	N	N	N	N	N	N
Jeff-DuBois	79-80*										
AVTS	80-81	-	-	-	30	-	25	3	-	-	2
	81-82	3	2	-	25	3	10	9	-	3	3
Juniata-	79-80	1	1	-	11	-	9	2	-	-	-
Mifflin AVTS	80-81	3	-	-	17	-	8	8	-	-	1
	81-82	-	-	1	20	-	10	8	-	1	1
Lackawanna	79-80	4	-	-	10	-	6	2	1	-	1
AVTS	80-81	4	-	1	24	2	17	2	2	1	2
	81-82	3	-	-	25	-	21	3	-	-	1
Lancaster AVTS	79-80	-	1	-	14	-	11	3	-	-	-
	80-81	-	-	1	29	-	16	9	1	-	3
	81-82	4	-	1	24	1	5	16	2	-	1
Lawrence Co.	80-81	5	-	-	9	2	3	5	-	-	1
AVTS	81-82	5	1	-	11	-	6	4	-	-	1
Lebanon Co.	79-80	1	-	-	11	-	10	1	-	-	-
AVTS	80-81	5	-	-	22	-	11	11	-	-	-
	81-82	1	1	-	28	-	7	17	-	-	4
Lenape AVTS*											
Mercer Co. AVTS	79-80	2	-	-	13	3	9	3	-	-	1
Monroe Co. AVTS	80-81	-	-	-	13	2	10	2	-	1	-
	81-82	-	-	-	21	2	18	2	-	1	-
Northampton*											
Philadelphia	79-80	1	-	2	10	-	7	-	1	-	2
SD	80-81	-	-	2	15	-	14	1	-	-	-
	81-82	3	-	4	21	-	18	2	-	1	-
Pittsburgh SD	79-80	1	-	-	10	-	10	-	-	-	-
	80-81	-	-	-	31	-	24	1	-	2	4
	81-82	2	1	2	25	2	10	10	1	3	1

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Table 39 (Continued)

EMPLOYMENT STATUS OF SAMPLE PRACTICAL NURSE PROGRAM COMPLETERS, ACCORDING TO PRACTICAL NURSE PROGRAM COORDINATORS' RECORDS OF FISCAL YEARS 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)[a]

					Employment Descriptors of Sample						
					Geographic Location		Type of Employment Setting[b]				
School	Fiscal Year	No Employer Reported	Not Employed	Continuing Education	Employed in Penna.	Employed Out-of-State	Acute Care[1]	Long Term Care	Private or Group Practice	Private Duty[2]	Other[3]
		N	N	N	N	N	N	N	N	N	N
Rdng. Muhlen-berg	79-80	-	-	-	10	1	6	1	2	3	1
	80-81	-	-	-	7	1	5	1	-	-	1
	81-82	-	-	-	7	1	5	-	-	-	2
Schuylkill AVTS	79-80	4	-	1	9	2	5	1	-	3	-
	80-81	2	-	-	13	-	8	3	-	1	1
	81-82	5	-	-	23	2	11	7	3	1	1
Somerset AVTS	79-80	-	-	-	15	4	12	2	-	1	-
	80-81	-	-	-	30	-	12	10	2	4	2
	81-82	-	-	1	29	-	11	17	-	1	-
Upper Bucks AVTS	79-80	-	-	-	13	-	10	1	2	-	-
	80-81	1	-	1	28	-	19	4	2	-	3
	81-82	1	-	-	24	-	16	7	-	-	1
Venango Co. AVTS	79-80	3	-	-	10	-	9	1	-	-	-
	80-81	-	-	2	12	-	10	2	-	-	-
	81-82	-	-	-	15	-	10	5	-	-	-
Warren Co. AVTS	79-80	2	-	-	9	-	6	1	1	1	-
	80-81	4	-	2	24	3	18	3	2	1	-
	81-82	5	-	-	23	1	12	7	1	3	-
Wilkes-Barre	79-80	-	-	-	15	-	8	6	-	-	1
	80-81	-	-	-	30	-	17	10	1	-	2
	81-82	-	-	-	30	-	17	9	1	1	2

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Table 39 (Continued)

EMPLOYMENT STATUS OF SAMPLE PRACTICAL NURSE PROGRAM COMPLETERS, ACCORDING TO PRACTICAL NURSE PROGRAM COORDINATORS' RECORDS OF FISCAL YEARS 1979-80, 1980-81, 1981-82 (PRACTICAL NURSE PROGRAM COORDINATORS)[a]

					Employment Descriptors of Sample						
					Geographic Location		Type of Employment Setting[b]				
School	Fiscal Year	No Employer Reported	Not Employed	Continuing Education	Employed in Penna.	Employed Out-of-State	Acute Care[1]	Long Term Care	Private or Group Practice	Private Duty[2]	Other[3]
		N	N	N	N	N	N	N	N	N	N
York Co. AVTS	79-80	3	-	-	11	1	9	2	-	-	-
	80-81	8	-	-	22	5	12	9	-	-	1
	81-82	5	-	-	23	-	8	15	-	-	-
3-Year Total		243	39	32	1,977	121	1,232	495	55	96	88

[a] From "Graduate Identification Form" completed by Program Coordinators for survey.

[b] "Type of Employment Setting" subject to researchers' interpretation of "employer" listed in [a] above.

[1] Acute care includes acute-care facilities (hospitals) and primary care facilities such as clinics.

[2] Private Duty includes both agency referrals and possibly self-placement.

[3] Other includes rehabilitation facilities and schools.

*Data incomplete or missing.

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Program Coordinators were asked to make a prediciton about employment opportunities for Licensed Practical Nurses through 1990. Like the State Program Supervisors of Health Occupations Education and Executive Secretaries of State Boards of Licensure (as reported in Table 26), the 40 reporting Coordinators of Practical Nurse programs included in the Pennsylvania survey gave mixed responses. Eighteen Coordinators (45 percent) felt that opportunities through 1990 would "stay about the same" as they were at the time of responses (Spring, 1984). Six respondents (15 percent), all of whom were from geographic areas in the state which experienced high unemployment rates in 1984, felt that employment opportunities would decrease. One Coordinator responded by noting, "Nursing is in the middle of a transition. At this point, I cannot make a prediction as to the future of Practical Nursing." The remaining 16 Program Coordinators (40 percent) whose programs are a part of the Pennsylvania vocational education system indicated that they believed LPN employment opportunities would increase through 1990. One of this group, who was from an area where the unemployment rate is high--and a number of whose program graduates (who responded to the graduate survey reported later in this chapter) appear to have found that the fallout effect of the DRGs had reduced LPN employment opportunities in local hospitals--felt the opportunities will be in "home health care." Another Coordinator annotated her "opportunities-will-increase" response with the qualifying comment, "With the prediciton locally for changes in nursing staff patterns due to DRGs." A third Coordinator who predicted an increase in opportunities noted that, in her school's placement area, there were five nursing homes and six area hospitals in addition to doctors' offices and medical centers. She added the following comments:

> Health occupations are one of the largest industries in Pennsylvania and a need still exists for all levels of nursing. Our elderly population continues to increase and a need exists for the skills of the LPN. The cost to the health care consumer will definitely increase if the delivery system requires a "degree" for every position.

Program Coordinators and school administrators were invited to list additional comments or recommendations regarding the Practical Nursing program in Pennsylvania. One administrator elected to illustrate his position that Practical Nursing programs are fulfilling the responsibilities and the needs of graduates and the community by describing positive features of his school's program:

1. Retained full approval status at their last State Board of Nursing visit (February 1983).
2. Received National League of Nursing initial accreditation for eight years. Scheduled for re-evaluation Spring of 1989.
3. Maintains excellent facilities.
4. State Board results for the past three classes reveal no failures. Forty-seven graduates took the exam and the mean score for the group was 564.
5. During the Fiscal Year July 1982 to June 30, 1983, the program had a 90 percent placement record.
6. Faculty has a devoted interest in the students.

Other comments, to which parenthetical explanations have been added for clarity, included:

- The number of applicants has not declined during the past two - three years. Applicant screening has provided good selection and low attrition in this program. Program was accredited by National League for Nursing in December 1983. This process served to maintain and improve quality of program and increased requests for applications. (Schuylkill County AVTS)
- In March 1983 we experienced difficulty in placement of our students in employment; in September 1983 (there was) somewhat better placement. In March 1984, over half of the graduating class of 29 were placed in the first two weeks. (Somerset County AVTS)
- (Franklin County AVTS is) the only nursing program in a three-county area; it is critical to meeting nursing manpower needs.

The State subsidy makes this an affordable education to the residents of Pennsylvania. Tuition rates jumped 300 percent in 1982-83, and this education has become financially impossible for some, (although) national accreditation has helped students who are eligible for PHEAA (Pennsylvania Higher Education Assistance Act) and Pell grants.

- This survey demanded a great deal of extra time due to the fiscal year overlap of our classes. Starting with July 1 (1984), this problem has been solved by having one class/year that follows the fiscal year. (Lebanon County AVTS)
- "Quality Care" should be the goal of every institution regardless of nursing level. Does a Liberal Arts education really better prepare nurses for the task of patient assessment?
- Employment in Home care is expected to increase in one year after the effects of DRGs are recognized.
- The (Mercer County AVTS) PN program has increased the number of welfare and minority admissions considerably since the information of this report (1979-80 through 1981-82).
- The Practical Nursing Programs have provided quality training for meaningful jobs for many who were unemployable. Removing numbers from welfare roles also promoted them to employees who were tax payers. This is a viable program. As badly needed today as ever and even more so with the economic conditions in Western Pennsylvania being so deplorable. (Mercer County AVTS)

Recommendations

Practical Nursing school administrators and Program Coordinators made the following recommendations:

- Budget guidelines from the Department of Education come out by March so JTPA (Job Training Partnership Act) proposals may be done for SDA. Funding to Adult Education Programs sponsored by Vo-Techs with no community college service must be considered by the Department of Education.
- Funding amounts and guidelines should be consistent from year to year. Guidelines should be provided in January or February. Practical Nursing is an area of Adult Education, and each year applications increase and placement is successful: Practical Nursing should be funded on a continuing basis.
- Maintain this program at its present status.
- Restore funding to an equitable level in respect to the success of graduates on State Board Exams and placement rate.
- Increase funding to Practical Nursing Programs.

- Urge legislators not to be swayed by the small percentage of the nursing profession who continually push for the "1985 Proposal."

Practical Nurse Program Coordinator Interviews

The Interview Guide shown in Appendix J-1 was followed as Coordinators of six Practical Nursing programs were interviewed during on-site visitations in Spring 1984. Sites were selected to be representative of the six study regions in the Commonwealth (also shown in Appendix N):

Northwest Region - Warren County AVTS
Southwest Region - Pittsburgh School District (Connelley Skill Learning Center)
North Central Region - Centre County AVTS
South Central Region - Hanover School District
Northeast Region - Danville School District (Practical Nursing School, Washingtonville)
Southeast Region - Philadelphia School District (James Martin School)

Coordinators' responses are reported in this section. In addition, copies of materials describing two of these programs--Philadelphia and Danville--are appended to this section. They explain the requirements, scope, and content of the programs, which are representative of programs conducted or planned in other schools included in this study.

During the interviews, Coordinators were asked whether health care agencies contacted the program directly for their health care personnel needs. Four of the six Coordinators said "yes," one adding that these requests are usually from doctors, dentists, and private duty calls. Students usually do their own job seeking or are referred by agencies such as the Pennsylvania Bureau of Employment Security. Where there is no placement service at the school, letters of inquiry are read to the students and posted. Inquiries to the schools were reported as averaging from ten to 70 per year. One school reported only three inquiries in 1984, which was far fewer than normal. This school had held a Health Fair to help students gain experience in job seeking. The school (Hanover) was unable to provide applicant referrals for two openings because their graduates had already found employment. Coordinators reported that about 98 percent of the requests they received were filled by graduates of their programs; however, one Coordinator said the school was able to assist with only about 50 percent of the requests received because the students "found their own jobs or were already employed."

Coordinators were next asked what changes, if any, they had noticed recently about the kinds of employment opportunities for their graduates:

- Health care delivery system is changing due to costs and DRGs. Graduates are being hired in home care, agency, and private duty settings.
- General hospitals are hiring part-time LPNs. Nursing homes hire part-time LPNs until the probation period is over, then they will hire them as full-time employees.
- They are starting part-time and working into full-time jobs.
- Philadelphia (James Martin School) has 50 hospitals, 140 nursing homes (with a growth rate of about five per month), HMOs, doctors' offices, industry, and school districts - all agencies that hire LPNs. Employment in the next two years will change from acute care facilities to skilled nursing care in extended care facilities, including the "hotel" concept, where two bedrooms enable a family member to live with the patient. The patient must be able to go to the central dining room. Patients will enter this type arrangement for rehabilitation, diagnostic services; a nursing staff provides teaching and general safety. This concept is in place now in New York as a result of DRGs.
- There is an increasing amount of health care facilities: long-term care and rehabilitation (Centre County).
- Currently, 50 percent of the graduates go to nursing homes; fewer go to acute care centers. After October 1984, hospitals will be into DRGs and cost containment. Institutions may well go back to more LPNs; acute care centers must start to recognize what LPNs can do.

The next question asked the Coordinators to forecast changes over the next five or six years (to about 1990):

- There will be an "image" change of where health care takes place: from the large hospitals to home care.
- Geriatric care and home care will employ more LPNs.
- LPNs will be going into home care.
- There will a growing need for geriatric care.
- Curriculum changes will be needed. Currently offer six weeks maternity, four weeks pediatrics, and about 30 weeks medical-surgical nursing. Will change to reflect employment changes

involving nursing homes. DRGs will have a big effect on the program, particularly in course content. Because of different types of service delivery, the jobs will be different, and jobs will require more management/supervision skills.

- In most (geographic) areas of the state, there will be increased use of LPNs because of increased (1) elderly, (2) nursing homes and rehabilitation facilities, and (3) DRGs.
- Practical nursing will stay viable if (1) schools become accredited and are recognized (for articulation) by diploma, AD and BSN programs and (2) change curriculum to afford career mobility: "A dead-end curriculum results in a dead-end program where there is nothing for the student to work for beyond the PN goal."

The Coordinators reported that from 90 percent to 99 percent of their program graduates are placed in local employment, and usually, one to three percent leave the area to find employment. Only one Coordinator (from a non-urban area) said that up to ten percent of the graduates might be likely to leave the area to find employment as LPNs. Those who do so are likely to move because of family transfers or family ties, to seek opportunities in "Sunbelt" states (Texas or Florida) or California or Hawaii, or to seek employment in more urban areas. Coordinators felt that it was unlikely that these people would return (within two to five years) to the areas where they had lived while attending the PN program. One Coordinator noted that those LPNs who go to Maryland to find employment appear to be satisfied with what they are doing there: they are given institutional inservice to hang and start IVs, they are involved in primary nursing care through institutional certification, and they can give gavage feeding. Hanover graduates, if they leave the immediate area, are most likely to go to York, Harrisburg, or Baltimore, Maryland.

According to the Coordinators, potential employers of LPNs in the area of the six schools visited do not specify a preference for male or female LPNs. Only one Coordinator said that she had noticed any impact of the emphasis on sex equity on enrollment or inquiries about enrollment in the PN program: some areas in the local hospital would like to employ more male LPNs, although this preference was primarily related to the "nature of the work."

When asked to relate the number of annual inquiries from people who might be interested in enrolling in the Practical Nursing program, five people reported the following. About 75 applications are received in one of the schools each year from people who want to enroll for the first time in a vocational program, and 60 to 69 take the admissions test. Another school reported that 55 percent of those who inquire about the program are coming into a vocational school for the first time. Another reported 31 new vocational education enrollees each year. Another school reported that, of 150 to 200 annual inquiries, 140 to 180 have never been enrolled in a vocational program before and 10 to 20 are changing careers or educational programs. Another school reported that "90 percent of 250" annual inquires are from people who had not been enrolled in vocational education previously, and the other ten percent were changing careers or educational programs. Fifty-six (of 87) 1983-84 inquiries in another school were from people changing careers or educational programs, as reported by one Coordinator. Another indicated that 45 percent of the PN inquiries were in this transitional category.

The Coordinators' responses are listed below to the question, "What effect does State tuition aid (2508.3 funds) have on the actual application or enrollment in the PN program?"

- The stipend helps the student to go to school and only work on weekends to stay in school.
- Not a great deal.
- Important: lowers the tuition to make it possible for many students who don't qualify for CETA/JTPA to come. The program (Hanover) has pushed for NLN accreditation so that students may apply for guaranteed student loans.
- None are used here (Centre County AVTS). This school did not bill the State for welfare (2508.3) students; those who received public assistance received the money through CETA, not PDE.

Applicants to Practical Nursing programs in all six visitation sites are given admissions tests. Four Coordinators reported using the Psychological Services Bureau (PSB) tests, and one of these also used the results of the General Aptitude Test Battery (GATB), administered by the Bureau of Employment Security. This Coordinator also noted that CETA/JTPA sometimes do their own testing. Philadelphia administers the California Achievement Test, Level S, Norm A, which measures math, computation concepts and problems, reading, vocabulary, and comprehension. There are 183 questions in this test, and the program requires a raw score of 100 correct. The Indiana University Practical Nursing Pre-admission Test, used at Danville S.D., measures general ability in math, verbal and non-verbal skills, spelling, natural sciences, judgment (decisions), and personality adjustment (for which there are no "right" or "wrong" answers). Those who reported using the PSB also felt confident in that test's ability to measure skills and characteristics relevant to the PN program. One Coordinator added that "it is a pretty good indicator when used in conjunction with a comparison to high school records or other transcripts." The PSB contains: measurement of general mental ability through verbal, non-verbal, and math components, spelling, judgment, natural sciences, and personal adjustment. These tests are used in the six sites for screening rather than diagnostic purposes, with one school requiring 50 percent or higher in the math segment. Although Danville uses the California Achievement Test primarily as a screening tool, a diagnostic tool is also provided which is used primarily for those who fail the test twice. The Centre County Coordinator did a correlation study, using the PSB on a sample of 100 PN graduates to determine what portions of the test should be regarded as the "best selection indicators." She used the variables with the State Board examination results and found the best indicators from the PSB to be: #1, science; #2, judgment; #3, general mental ability score; #4, spelling; and #5, age.

The following statements report Coordinators' response to three related questions: "What kind of remedial assistance is available within your school or adjoining school district to help PN students with academic, personal, and vocational deficiencies?" and "Who is responsible for providing this remedial help?" The third question asked, "How effective is this remedial help; does it keep the students in the program?" One school reported a full-time course taught by PN faculty. Another said her students received basic review in basic courses of English and math from the faculty and counseling services of the vocational-technical school as well as from community services (family service agency). In another school, the instructional staff (three full-time and one part-time instructor and two substitutes and the Coordinator) provide remedial assistance, calling on the school district psychologist and community resources as needed. School district resource people are used especially for spelling and language, with excellent help from the reading specialist. Personal and vocational problems, in another school, are handled by the PN instructors, assisted by 18 school coordinators who handle personal counseling and make referrals to other agencies if necessary. Academic remedial work is handled in two parts at this school: students enrolled through 1199C (union) will be provided remedial help through the union office (hospital and health care workers union); and the instructors, on their own time at lunch or after school, will also provide remedial assistance. The four supervisors at this school are responsible for remedial work one hour a day (and at least 50 percent of this is in math). Most PN instructors handle the problems with math as they come; spelling is, however, a real problem for some students. In the Danville Area, a number of agencies are used; e.g., Geisinger Medical

Center, Danville High School guidance counselors, etc., are used as referrals for personal problems. Outside agencies are used as needed. Students also learn the appropriate agencies in their Sociology course. At the Danville PN program, the school sends a battery of materials for students to complete at home immediately after their acceptance to the program (three months before the program begins). Students are introduced to basic math (ratio, proportion) and medical abbreviations (which they are to look up and define in writing). Thus, students are assisted in identifying their strengths and weaknesses and are recommended to seek help before program entry. If a problem still exists upon entry, the PN school directs the students to the (free) Equal Opportunity Center at Danville School District. This federally-funded program and the other methods have produced "excellent" results in remediation. At Centre County AVTS the school's Adult Center is available to students who score low on the PSB tests--grammar, math, spelling. Students are then re-tested. A second remedial method used at Centre County is to recommend that they purchase a science book and also use biology references from the library to study before re-taking the PSB. The Centre County Adult Center counselor has a psychology background and the County-funded Mental Health/Mental Retardation Center is also used for referrals. In addition, all students entering the PN program are given a screening test (through the Adult Center) to determine math deficiencies, and math-help sessions are offered by the Adult Center Coordinator. A programmed book is used in the PN program through Level II (the first six months), and an exam is given at the end of Level II. All math preparation occurs in Levels I and II because pharmacology is taught in Level III, for which students must be prepared. This system has proven very effective at Centre County. Another Coordinator indicated that there is generally not enough time to solve all problems, such as with language, although personal problems can be handled in most cases. Still another Coordinator said that experience has shown that if students do what is suggested, they are helped; however, students whose raw scores in math were quite low need outside help. "They really need an elementary teacher to start them at the beginning." Once a person is actually in the program, it is too late; therefore, remedial work in math is suggested during the interim three to six months between testing and when the program begins for those who score below 50 in the math admissions test.

When asked what kind of help is needed for students that the programs cannot currently provide, Coordinators suggested the following:

- Stipends, so that students will not have to work after school hours.
- A pre-program to get the student ready: introduction to the health care field, test-taking and reading and study skills as well as math skills.
- Staff inservice on counseling: need practical tips on how to handle.
- Students need to learn how to study independently.
- More local assistance with remedial science (which is not currently offered at the Centre County AVTS Adult Center).

The Coordinators were also asked if they had suggestions of what the State could do to provide extra help for students who are having trouble in the PN program. They suggested:

- More work on basic skills prior to program entry (while in public school).
- Extended time for the PN program.
- Staff inservice; e.g., counseling, learning styles.
- Provide a full-time counselor who has knowledge of medical team membership.
- Provide financial help for a teacher for tutoring: PN teachers work a full day and, with their schedules, cannot allow time for extra tutoring to "save the student in the program." Some students need to be tutored and can then do well. Could use an RN.
- Maintain funding for the Danville School District's Equal Opportunity Center to provide study skills, remediation, etc.

Five Coordinators provided information to the next question, which asked, "In what age groups do your students fall?" Their responses were:

17 - 18 years:	5%,	5%,	10%,	15%	
19 - 21 years:	5%,	10%,	5%,	20%,	(17 - 21 years - 10%)
22 - 25 years:	5%,	5%,	5%,	50%,	
26 - 35 years:	70%,	55%,	60%,	7%,	(22 - 30 years - 36%)
36 - 45 years:	10%,	45%,	25%,	7%,	(31 - 40 years - 29%)
Over 45 years:	5%,	0%,	5%,	1%,	(41 - 50 years - 8%)
					(51 - 60 years - 4%)

One of these schools had computed the average age of students as 29 years and three months at the time of program entry.

The average annual attrition rate reported by the six Coordinators varied: 25 percent; 33 percent; "varies--for the last three classes, the rates were 18 percent, eight percent, and 22 percent"; 21 percent; 25 to 30 percent; and 11 percent, "about 75 percent of whom will come back to repeat what they failed in."

The follow-on question asked Coordinators to list reasons why people are most likely not to complete the Practical Nursing program:

- Personal problems (2)
- Don't like the program
- Health reasons
- Financially they can't pay their tuition
- Too much work
- (1) Academic problems; (2), personal problems; and (3) JTPA (and, formerly, CETA) students who have no personal money involved are likely to simply stop coming to class.
- (1) Failure, (2) absences, (3) personal (often related to finanaces), and (4) lack of funds.
- (1) Personal problems, (2) health, and (3) academic problems

According to Coordinators, attrition is most likely to occur during or immediately following Level I of these programs, or during Level II (four to six months into the program) when the students have moved into a more complex clinical experience and more difficult theory. One Coordinator reported that some students who are not at all likely to pass the program do choose to continue to come to class until told to leave.

None of the Coordinators felt there was any correlation between attrition and the age of the student. One felt there was a correlation between attrition and the sex of the student, noting a high drop-out rate among men enrolled in the PN program. Only one reported a correlation between attrition and race, having collected evidence that black students who "cannot handle the theory or basic skills" are more likely to drop out. Three Coordinators had found a correlation between attrition and socio-economic status. One of these said this was possibly also related to academic background: if students from lower socio-economic levels have problems getting money, they don't enter the program; however, others with "income problems" usually seem to be able to come,"even with working almost full-time jobs." One Coordinator was even more explicit, noting the "greatest drop-out problems with students from JTPA, where there is no cost to the students."

Responses to the question, "What would be necessary to overcome problems related to this (attrition) factor?" were:

- A stricter selection process
- "Upgrade" programs sponsored by employers, such as nursing homes, for aides; e.g., students (aides) are paid to go to class one night a week.
- A high 1980-81 attrition rate in the Philadelphia PN program reflected a two-month teacher strike. Because of the strike, the program lost teachers, resulting in a 75 percent staff turnover, and some students had as many as four teachers in that one year, resulting in a negative effect on both the program and the students. State Board scores were low that year.
- Add a clause to the JTPA agreement, to be signed by the student; e.g., "If you do not complete the program, you are responsible for refunding/repaying to JTPA the entire monies paid for you."

The Coordinators were next asked if they could report the percentage of graduates who do not pass the State Board examination at the first attempt but subsequently pass with two or more attempts. One Coordinator responded that she had never had anyone who did not pass at all, and except for one graduate who passed at the third attempt, the others (the few) who did not pass at the first attempt did pass at their second try. Another person said that only one graduate had not passed after three (the maximum number for this school) attempts. Another Coordinator reported that 99 percent of the program's graduates pass the first time. For all six schools, only three RN graduates had had to take the test three times before passing, two people made licensure after four attempts, two were reported as having required five attempts, and just one person was shown as having taken the examination six times.

None of the Coordinators isolated causes of failure to pass the State Board examination, the general feeling being that failures were few and the causes diverse. One Coordinator (Philadelphia) noted that the admissions pretest plus the review of academic records, clinical performance, and attitude, as reported on a transcript, has yielded a good record of prediction of who will pass or fail. Failures are re-examined and were included in program statistics (collected in May 1984) to determine the need for program changes and/or program policy regarding academic levels of performance in the Philadelphia program.

Coordinators were asked whether any schools in their area offered special review sessions to prepare people to pass the State Board examinations. Four responded "no." One Coordinator said, "Of all PN programs in the Northeastern Pennsylvania area, there are probably only a total of eight failures per class; therefore, a review class is not financially feasible." Two Coordinators said that review sessions were provided in preparation for State Boards and one indicated that this session is available to people who are returning to LPN employment after a period of absence. Texts and review books/materials are used for review during the last two weeks of school in the Pittsburgh School District PN program, which invites persons who have failed the test to take part in the all-day review session. Danville provided one full day for students who had previously failed the test until one year ago, when the review was stopped bacause "there was no difference."

The final question of the interview invited the Coordinators to add any comments relevant to the study:

- Hold a two-day regional meeting for PN faculty members.
- Develop review materials.
- Money for computers is not needed, but money is needed for small items (consumables). The Coordinators know what they need for the program.
- This is a valuable program for those who want to be nurses but don't know if they want to invest the time/money in an RN program.
- A career ladder agreement for articulation would be very good.
- If funding is cut any more, no one will be able to come (to the PN program). The implications will be long-lasting: as the health care needs of the people increase, there will not be enough health-care professionals (LPNs).
- In 1984-85, those schools not already accredited will get 100 percent reimbursement for the $1,500 accreditation cost (through NLN or NAPNES). However, schools that are already accredited will not get reimbursement for the monies already spent for their accreditation cost.
- To stay viable, schools must (1) get accreditation, to enable students to get grants and loans (State grants have been reduced steadily over the past four years). In 1984-85 State funding is only 36 percent of program cost, a marked reduction from the 75 percent received in 1979-80. Students need loans and grants to pay the increased tuition. And schools must (2) rewrite curriculum to allow career mobility. Schools must convince community college and university science departments (not just the nursing departments) to arrange transfer of credits.
- Jobs are scarce. During 1980-83, had 98 percent placement; this year, 82 percent, even with program adjustments that have already been made; e.g., increasing the geriatric component from four weeks to six weeks.

Coordinators supplied additional information and printed materials that described the PN programs. (They had, earlier, submitted program-descriptive materials with the mailed questionnaires.) Some of this additional information and materials are included here and in Appendix O:

1. Computer Utilization, Danville School District Practical Nursing Program

   In January (FY 1983-84), JTPA money was allocated to the Danville PN program, where, since 1972, there have been about 40 to 42 CETA/JTPA-sponsored admissions each year. This money was allocated for 100 percent reimbursement for "instructional equipment"; i.e., microcomputers. $25,750 was received for nine Apple IIe microcomputers and one MacIntosh, each with double disc drive and colored monitors, a letter quality printer, and image writer. These were purchased at State-bid price. The computers were purchased because "the health care field will be heavily computerized." The Danville School District Computer Technology instructor was engaged to prepare a 10-hour computer literacy course for the PN teaching staff. There will be no charge to students who wish to take this "off-hour" course, which will feature medical management of patients yet will not replace the regular program component on nursing care or the teaching component. The Computer Usage course is expected to benefit remedial studies in math, spelling, outlining, etc. Once the computer process has been set in place, it will later be used for the science component for Nursing I students. A later equipment add-on would be a large screen to benefit all students in a class. Working the computers into the curriculum is expected to be a two to three-year project. PN teachers currently do classroom teaching 28 of their 35 hours per week, the balance of the time being spent in class preparation, including computerized tests, etc. (The staff consists of eight full-time instructors, four part-time instructors, and two administrators. All have baccalaureate degrees, and four have M.Ed. degrees.)

2. Danville School District Career Ladder Program

In 1983-84, tuition costs to students were $3,366 for the Track I program and $2,660 for Track II. The two-track program prepares students for either direct entry into Practical Nursing or articulated entry into a local degree-granting institution. Since 1978, 15 percent of all Track II graduates have elected to continue their education: 35 have completed the RN diploma program, in which 25 others were "currently" enrolled (May 1984). Appendix O-1 is a reproduction of the Danville brochure, describing the career mobility (career ladder) program. Appendix O-2 is a history of the development of the Danville program, describing the programmatic change to an articulated program.

3. Philadelphia School District Practical Nursing Program, 1983-84

   These materials are included to show the growth of the Philadelphia program since its 1947 beginning, as described in Appendix D. Appendix O-3 is an example of the letter sent to program applicants, informing them of program requirements. Appendix O-4 is the 1983-84 "Practical Nursing Program General Information Bulletin," developed in May 1981. (NOTE: This does not reflect programmatic changes anticipated in 1984-85.)

Practical Nurse Program Graduates

Practical Nurse Program Coordinators were asked to supply the last known address of a specified sample of their PN program graduates from each of the three study years (FYs 1979-80, 1980-81, and 1981-82). Thirty-nine of 41 Program Coordinators complied with this request.[1] As addresses were received from Program Coordinators, survey instruments ("Practical Nursing Graduate Questionnaire," as shown in Appendix K) were mailed with a cover letter and a stamped addressed envelope. A total of 2,273 survey instruments were mailed to Practical Nurse Program graduates from 39 schools. Two hundred fifty-one, or 11 percent, were returned "addressee unknown," or undeliverable. As shown in Table 40, 1,082 usable responses (48 percent of the total mailed and 54 percent of those delivered) were received by June 15, 1984, the end of the collection period.

Of the 1,082 respondents, 1,043 (96 percent) were female, 23 (two percent) were male, and 16 people did not answer this item.

Table 41 reports the distribution of program completion years of respondents, who were enrolled in Practical Nurse programs during FYs 1979-80, 1980-81, and 1981-82. In most of the schools, two classes, or groups, were enrolled during each fiscal year, and two classes, or groups, completed the program each year, although program enrollment and program completion did not necessarily occur during the same fiscal year. For example, the 207 respondents who indicated their completion year as 1983 were most likely, initially enrolled in 1982 (of FY 1981-82). Of the total

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[1] No addresses were recieved from Northampton County Area Community College; and Lenape AVTS responded: "I have two problems with participation in this portion of your study - (1) No students received 2508.3 funds; therefore, there is no "need to know" regarding their employment by your organization and (2) I do not release student information without student permission. This would seem especially germane in light of #1, above."

Table 40

PRACTICAL NURSE PROGRAM GRADUATE SURVEY RESPONSE, BY SCHOOL

School	Number of Respondents	Percent of Total
Altoona AVTS	42	3.9
Beaver County (Community College of)	7	0.6
Bucks County AVTS	29	2.7
Carbon County AVTS	31	2.9
Central Chester COunty AVTS	13	1.2
Centre County AVTS	35	3.2
Chester-Upland School District	18	1.7
Clarion County AVTS	16	1.5
Clearfield County AVTS	39	3.6
Crawford County AVTS	23	2.1
Danville Area School District	31	2.9
Eastern Montgomery County AVTS	27	2.5
Erie City School District	21	1.9
Fayette County AVTS	33	3.0
Franklin County AVTS	46	4.3
Greater Johnstown AVTS	26	2.4
Greene County AVTS	22	2.0
Hanover Public School District	30	2.8
Harrisburg-Steelton-Highspire AVTS	31	2.9
Hazleton AVTS	38	3.5
Indiana County AVTS	28	2.6
Jefferson-DuBois AVTS	28	2.6
Juniata-Mifflin County AVTS	24	2.2
Lackawanna COunty AVTS	27	2.5
Lancaster County AVTS	37	3.4
Lawrence County AVTS	18	1.7
Lebanon County AVTS	30	2.8
Lenape AVTS	*	*
Mercer County AVTS	3	0.3
Monroe County AVTS	14	1.3
Northampton County Area Community College	*	*
Philadelphia School District	25	2.3
Pittsburgh Public Schools	33	3.0
Reading-Muhlenberg AVTS	22	2.0
Schuylkill County AVTS	19	1.8
Somerset County AVTS	25	2.3
Upper Bucks County AVTS	25	2.3
Venango County AVTS	17	1.6
Warren County AVTS	38	3.5
Wilkes-Barre AVTS	31	2.9
York County AVTS	37	3.4
No school name identified	35	3.2
Total returns	1,082	100.0

*Students from these schools did not participate in the survey: no addresses provided by Coordinators.

Table 41

PRACTICAL NURSE PROGRAM COMPLETION YEAR

PN Program Completion Year	Respondents Number	Respondents Percent
1979	6	0.6
1980	166	15.3
1981	241	22.3
1982	442	40.9
1983	207	19.1
1984	2	0.2
Not reported	18	1.7
Total	1,082	100.0

respondents, the largest number (442, or 41 percent) completed their Practical Nurse education in 1982.

Of the 1,082 respondents, 1,069 (98.8 percent) said they were Licensed Practical Nurses, 11 persons (one percent) indicated that they had not achieved licensure, and only two persons did not answer the question, "Are you a Licensed Practical Nurse?" Respondents who replied affirmatively to this question were asked when they took and passed the State Board examination. Their responses were compared to the month and year in which they had indicated they completed the Practical Nurse program. This interpolated data appears in Table 42, showing that 86 percent of the licensed graduates took and passed the State Board examination within six months of program completion. Thirty-two respondents (three percent) achieved licensure within 12 months of completion and less than one percent said within 18 months or 24 months of completion. Ten percent (109), however, did not answer this item.

Thirteen people responded to a follow-on item that asked respondents who had indicated that they were not Licensed Practical Nurses to indicate how many times they had taken the State Board licensure examination. Five

Table 42

INTERVAL BETWEEN COMPLETION AND LICENSURE

Completion to Licensure Interval	Number	Percent
Within 6 months	932	86.1
Within 12 months	32	3.0
Within 18 months	7	0.6
Within 24 months	2	0.2
No response	109	10.1
Total	1,082	100.0

of the 13 non-licensed persons said they had taken the examination two times; three said "three times"; three said "four times"; and two people said they had taken the examination five or more times.

The final item in the section seeking background information about the respondents asked, "Did you take any special course or training (after completing the PN program at your school) to help you to review and/or study for the State Board examination?" The majority of the respondents (1,059, or 97.9 percent) indicated "no," and eight persons did not respond to this item. Of the 15 respondents who indicated that they had taken special preparation for the licensure examination, ten completed the follow-on question that asked where they had taken this course or taining. Two of these indicated "Bucks County Vo-Tech" and two indicated "Danville School District Practical Nurses School." The remaining six people who answered this item indicated: Central Chester County AVTS (used Saunders' "Review Book"); Greater Johnstown AVTS; Reading-Muhlenberg AVTS; Westmoreland County Community College; "Washington PN program"; and "continuing education course in how to take a test."

When asked about their current status, 961 of the respondents, or 88.8 percent, said they were "currently employed." One hundred fourteen people (10.5 percent) said they were not currently employed, and seven people, or 0.6 percent, gave no response. Those who indicated that they were not currently employed were asked to give the reason. Their responses are summarized in Table 43, in which 56 people, or nearly one-half of these respondents, gave "personal" reasons, which included full-time homemaker, personal choice, etc. Twenty-one respondents said there was "no work available in the area," representing 18 percent of the unemployed and about two percent of all survey respondents. Another nine persons (eight percent of the unemployed group and somewhat less than one percent of all survey respondents) said they had been "laid off." A variety of "other" reasons were listed by 20 people.

Table 43

REASONS FOR UNEMPLOYMENT

Reasons Listed for Current Unemployed	Unemployed Reporting (N = 116)		Percent of Total Respondents (N = 1,082)
	Number	Percent	
Personal	56	48	5.2
No work available in area	21	18	1.9
In school	10	9	0.9
Laid off	9	8	0.8
Other	20	17	1.8

The respondents who reported that they were "currently employed" were asked if they were currently employed as Licensed Practical Nurses and, if not employed as LPNs, to describe their current occupations. Of those who were currently employed, 910 (94 percent of employed respondents, or 84 percent of the sample) said their occupation was Licensed Practical Nurse. Of the 54 persons who listed other occupations, 12 were working in a nursing-related occupation, 14 were working in some other health-care occupation which did not involve direct nursing care, and 28 people (about three percent of all survey respondents) said they were employed in occupations that were outside of the health-care field. These distributions are reported in Table 44.

Table 44

CURRENT OCCUPATIONS OF EMPLOYED RESPONDENTS

Current Occupation	Employed Reporting (N = 964)		Percent of Total Respondents (N = 1,082)
	Number	Percent	
Licensed Practical Nurse	910	94.4	84.1
Nursing-related occupation	12	1.3	1.1
Other health-care occupation	14	1.4	1.3
Outside of health-care field	28	2.9	2.5

Respondents who said they were "currently employed as an LPN" were asked to identify the type of setting in which they were employed. Table 45 shows that 486 of the 921 respondents to this item (one half of the employed LPNs or about 45 percent of all survey respondents) said they were employed in an acute care facility, and 272 (about 30 percent of the employed LPNs or one-fourth of all survey respondents) were employed in a long-term (extended) care facility. One hundred and one employed LPNs (11 percent of those employed and about nine percent of all survey respondents) said they were employed in some "other" setting.

Table 46 sets forth the employment setting descriptions provided by 87 of the 101 persons who, in Table 44, reported their employment as an LPN in a setting "other" than those shown in Table 44. Although some of the settings described as "other" by respondents (such as "hospitals") may be better reported within categories provided in Table 45, they are shown in Table 46 without an attempt to interpret data reported by the respondents in order to preserve the integrity of their perceptions.

Table 45

EMPLOYMENT SETTINGS OF CURRENTLY EMPLOYED LPNs

Type of Employer	Employed LPNs Reporting (N = 921) Number	Percent	Percent of Total Respondents (N = 1,082)
Acute care facility	486	52.8	44.9
Long-term care facility	272	29.5	25.1
Physician(s)	28	3.0	2.6
Private duty (self-employed)	26	2.8	2.4
Private duty agency	15	1.6	1.4
Clinic	11	1.2	1.0
Other	101	11.0	9.3

Table 46

"OTHER" EMPLOYERS, AS REPORTED BY EMPLOYED LICENSED PRACTICAL NURSES

Type of Employer	Number Reporting
Hospital	31
Rehabilitation	13
Mentally Retarded Facility	11
State and Psychiatric Hospital	9
Private Duty Agency	3
Nursing Home	2
Medical Center	2
VA Hospital	2
Neonatal Intensive Care	1
Maternity	1
Hospital Medical-Surgical	1
Hospital Coronary Care Unit	1
Hospice - Palliative Care	1
Private Duty (Mentally Retarded)	1
Retirement Village	1
Retirement Village - Rehabilitation Center/Clinic	1
Para-Medical Service	1
County Prison	1
U.S. Army	1
School District	1
Medical Supply Store	1
Nutritional Support Service	1
Total	87

Respondents were next asked to identify their first and subsequent employers if they were working at the time of response or had ever worked as an LPN. Only 63 respondents (5.8 percent) listed no employers. Of the 1,019 who worked as a Licensed Practical Nurse, 681 (67 percent) had had only one employer; 268 (26 percent) had had two employers; 66 (six percent) listed three employers; and only four (less than one-half of one percent) had four or more employers. (Very few respondents elected to identify the reasons for having changed their employment setting.)

As the final question referring to the current status of the Practical Nurse Program graduates, respondents were asked if they were currently attending school. Seven people did not respond to this item and 920 (85 percent) indicated that they were not currently attending school However, 155 Practical Nurse Program graduates, or 14.3 percent, indicated that they were currently enrolled in some type of educational program.

The first follow-on question to this item asked respondents "currently attending school" to identify the school. In compliance with this request, 105 of the 155 persons who said they were "currently" attending school identified their schools of attendance: 15 four-year colleges, attended by 35 respondents; 14 two-year colleges, attended by 55 respondents; eight hospital programs, attended by 12 respondents; and three programs in secondary school settings, attended by three persons. The out-of-state schools selected by these respondents appear to be adjacent to the Pennsylvania state border. Table 47 relates the schools of choice of 105 Practical Nurse graduates.

The next question asked of those respondents who said they were currently attending school was their area of study, which was answered by 153 of the 155 who said they were in school. As related in Table 48,

Table 47

SCHOOLS CURRENTLY ATTENDED BY PRACTICAL NURSE GRADUATES

School	Number Attending	
4-Year Colleges		35
Alvernia College	1	
Bloomsburg University	1	
Clarion University	7	
Edinboro University	4	
Immaculata College	2	
Indiana University of Pennsylvania	1	
Millersville University	1	
Neumann College	2	
Pennsylvania State University	6	
State University of New York	1	
University of Pittsburgh	2	
Villa Maria College	1	
Wilkes College	1	
York College	4	
Youngstown (Ohio) State College	1	
2-Year Colleges		55
Allegheny County Community College	4	
Bucks County Community College	16	
Butler County Community College	1	
Hagerstown (Maryland) Junior College	2	
Harrisburg Area Community College	8	
Jamestown (New York) Community College	3	
Keystone Junior College/Thomas Jefferson	2	
Lackawanna County Community College	1	
Luzerne County Community College	5	
Montgomery County Community College	6	
Northampton County Community College	1	
Palm Beach (Florida) Junior College	1	
Philadelphia Community College	4	
Reading Area Community College	1	
Hospital Programs		12
Chester County Hospital	1	
Episcopal (Hospital) School of Nursing	2	
Geisinger Medical Center	4	
St. Francis Hospital	1	
St. Joseph Hospital	1	
St. Vincent Health Center School of Nursing	1	
Sharon General School of Nursing	1	
Williamsport Hospital School of Nursing	1	
Other		3
Clarion County AVTS	1	
Erie County AVTS	1	
Henderson High School (night school)	1	
Total		105

117 persons said they were continuing the study of nursing. These 117 responses represented 76.5 percent of all students currently attending school, or 10.8 percent of all survey respondents. Seven other people, or 4.6 of those in school, were studying for futures in areas of health care that involve direct patient contact other than nursing. Four percent were engaged in biomedical studies (four people) and other medical services occupations such as administration (two people). Fifteen percent of those in school (23 people) were studying in areas that were not related to medical or health services.

Table 48

AREAS OF STUDY OF PRACTICAL NURSE GRADUATES CURRENTLY IN SCHOOL

Area of Study	Enrolled Graduates (N = 153) Number	Enrolled Graduates (N = 153) Percent	Percent of Total Respondents (N = 1,082)
Nursing	117	76.5	10.8
Other direct patient care/contact occupations	7	4.6	0.6
Biomedical (not direct patient care/contact occupations)	4	2.6	0.4
Other medical (administration, etc.)	2	1.3	0.2
Not medically related	23	15.0	2.1

Those who were currently attending school were asked if they could identify a career goal: 149 of the 155 persons in this group responded. In Table 49 the career goals identified by respondents have been grouped into the same categories used in Table 48 (area of study), wherein 117 people had shown nursing as the area of current study. However, when listing career goals, 122 people said "nursing." Responses in the other categories also shifted slightly, and of the 23 respondents who were studying in areas that were not related to medical or health services, only 14 individuals listed career goals.

Table 49

CAREER GOALS OF PRACTICAL NURSE GRADUATES CURRENTLY IN SCHOOL

Career Goals	Responding Graduates (N = 149) Number	Percent	Percent of Total Respondents (N = 1,082)
Nursing	122	81.9	11.3
Other direct patient care/contact occupations	9	6.0	0.8
Biomedical (not direct patient care/contact occupations)	1	0.7	0.1
Other medical (administration, etc.)	3	2.0	0.3
Not medically related	14	9.4	1.3

The balance of the "Practical Nursing Graduate Questionnaire" was again directed to all respondents. The first of these items inquired about their status at the time they entered the Practical Nurse Program. Respondents were instructed to check all conditions that applied at the time of entry. As shown in Table 50, 337 people (31 percent) entered the PN program from the status of recent student: 300 entrants (27.7 percent) had just graduated from high school, and 37 people (three percent) had been enrolled in some other postsecondary program. One-third of the respondents said they were unemployed at the time of entry into the PN program. Of the 678 (63 percent of all respondents) who were employed at the time of entry, 365 (34 percent of all respondents) were "employed but seeking a career change," and 313 people (29 percent of all respondents) were "employed in the health occupations field but seeking an upgrade" in their careers.

Table 51 reports the means by which respondents said they had heard or learned about the Practical Nurse education program they attended. Respondents were directed to indicate all items that applied. Word-of-mouth

Table 50

CAREER STATUS AT TIME OF ENTRY INTO PRACTICAL NURSE PROGRAM

Entry Status	Number		Percent	
Student:	337		31.1	
Recent high school graduate		300		27.7
Enrolled in some other kind of postsecondary program		37		3.4
Unemployed	367		33.9	
Employed:	678		62.7	
Employed but seeking a career change		365		33.7
Employed in health occupations field but seeking upgrade in career		313		28.9

and direct inquiry were the most frequent responses: 664 (61 percent) said they heard about the PN program from "family or friends," and 592 people (55 percent) said they had "inquired at the school." About ten percent of all respondents indicated one (or more) of the following public assistance agencies or pgorams: Bureau of Employment Security (Unemployment Office) was selected by 108 people and 92 respondents (nine percent) said "CETA." Another ten percent said they had learned about the program through a newspaper.

Of the 86 respondents shown in Table 51 as having heard about the Practical Nurse program through "other" means, 61 individuals elected to define these other souces of information. Although some of the responses appear to belong in categories included in Table 51, they are reported below, in Table 52, to preserve the integrity of respondents' perceptions. As indicated in Table 52, more than one-half (N = 38) of the 61 persons who listed their sources of PN program information identified a school-

Table 51

METHOD OF HEARING ABOUT PRACTICAL NURSE PROGRAM

Media/Method	Number	Percent
Media:	(123)	
Newspaper	104	9.6
Radio/TV	19	1.8
Agency:	(223)	
Bureau of Employment Security (Unemployment Office)	108	10.0
Welfare/Social Agency Referral	23	2.1
CETA	92	8.5
Other Education Program:	(30)	
Displaced Homemaker Program	8	0.7
ABE/GED Program	22	2.0
Personal Contact/Inquiry:	(1,256)	
Family/Friends	664	61.4
Inquired at the School	592	54.7
Other	86	7.9

related source, and 18 of these were "guidance counselors" (17 shown as high school guidance counselors and one as a "vo-tech" guidance counselor).

As referenced elsewhere in this report, the Pennsylvania Department of Education supplied "welfare" monies to programs when students were verified to be eligible under the conditions of Section 2508.3. These monies were paid directly to the school and the eligible students could be charged a lesser tuition. Many students, however, received direct financial aid through public assistance programs or loans or scholarships for which they were directly responsible for making application and/or repayment.

When respondents were asked, "Did you receive financial aid to go to school for Practical Nursing?" affirmative responses were recorded by 442

Table 52

"OTHER" METHODS OF HEARING ABOUT PN PROGRAMS, AS REPORTED BY RESPONDENTS

Information Source		Number Reporting
School Personnel/Information:	(38)	
High school guidance counselor		17
Health Occupations instructor		4
Nurse Aide program instructor		4
Health Assistant program graduate		2
Yellow Pages listing		2
PN program graduate		1
Vo-Tech counselor		1
Vo-Tech teacher		1
Attended vo-tech in high school		1
Attended PN program previously (1967)		1
Adult education pamphlet		1
School district mail		1
"Berks Vo-Tech West"		1
Exhibit at local shopping center		1
Employment/Employers	(10)	
Co-workers		2
LPNs		2
Employer		1
Chester County Hospital		1
Holy Spirit Hospital		1
Miners Hospital		1
Nursing home		1
While working as an aide at nursing home, "was offered an upgrade and the home put me through school."		1
Agencies/Organizations	(8)	
U.S. Army		2
Unemployment Office		1
Bureau of Vocational Rehabilitation		1
Vocational rehabilitation program		1
1199C Union meeting		1
1199C Union-financed program		1
Union selected employed (nurse aides) "to go to school to upgrade education"		1
Personal	(5)	
"Always wanted to be a nurse"		4
Friend (whose daughter graduated from local PN program)		1

people, or 41 percent of all respondents. Seventy-five of the 442 PN graduates who said they received financial aid elected to list the source. Table 53 lists these sources, 40 of which were loans, 27 of which were provided by a public agency, and nine of which were described as scholarships or grants.

Table 53

FINANCIAL AID SOURCES, AS LISTED BY
PRACTICAL NURSE PROGRAM GRADUATES

Financial Aid Source		Number Reporting
Loans:	(40)	
Student Loan		19
PHEAA		18
Personal		3
Public Agency:	(27)	
CETA		16
Welfare		2
Social Security		2
Veterans Administration		3
W.I.N.		1
Private Industry Council (PIC)		1
U.S. Army		1
National Guard		1
Scholarships/Grants:	(8)	
Pell Grant		2
Leader Nursing Home scholarship		2
1199C (union) scholarship		2
Hospital auxiliary scholarship		1
BPW scholarship		1

Table 54 reports the answers of 437 of the 442 individuals who said they had received financial aid to go to school for Practical Nursing when they were asked, "If you did receive financial aid to go to school, how important was it to your being able to take Practical Nursing?" More than three-fourths of the respondents indicated that the financial aid they received was "essential" (240 responses, or 54.9 percent of the students who received financial aid) or "very important" (103 people, or 23.6 percent of this group). These two groups of respondents represented 32 percent of all survey respondents.

Table 54

FINANCIAL AID RECIPIENTS' PERCEPTIONS OF IMPORTANCE OF ASSISTANCE TO PN PROGRAM PARTICIPATION

Importance to PN Participation	Responding Recipients (N = 437)		Percent of Total Respondents (N = 1,082)
	Number	Percent	
Essential (could not have gone to school without it)	240	54.9	22.2
Very Important (unlikely that I could have gone to school without it)	103	23.6	9.5
Somewhat Important (might have been able to find another way)	76	17.4	7.0
Unimportant (I could have found another way if I had to)	18	4.1	1.7

An earlier item (reported in Table 49) sought information about the career goals of those respondents who were currently attending school. A question asked of all respondents--"What are your future occupational plans over the next five/six years?"--revealed that, although only 155 persons were attending school at the time of the survey, many others intend to seek additional education in the future: a total of 577 respondents (53.3 percent) will either attend school for further education in the health care field (543 people, or 50.2 percent) in a field other than health care (34 people, or 3 percent). By far the largest response was from those 94 persons (87 percent) who said either that they plan to work as a Licensed Practical Nurse (838 people, or 77.4 percent) or work in another area of the health care professions (103 respondents, or 9.5 percent). Understandably, many respondents selected more than one response. However, it is of particular interest to note that only 0.4 percent of all respondents (4 people) said they do not plan to work at all during the next five or six years and that only 6.4 percent (69 people) "do not know" their occupational plans over the next five or six years. The future occupational plans of the 1,082 survey respondents, to approximately 1990, are reported in Table 55.

Table 55

PRACTICAL NURSE GRADUATES' OCCUPATIONAL PLANS, TO APPROXIMATELY 1990

Occupational Plans	Number	Percent
Careers in Health Care:	(941)	(97.0)
Plan to work as an LPN	838	77.4
Plan to work in another area of the health care professions (other than as LPN)	103	9.5
Additional Education:	(577)	(53.3)
Plan to attend school for further training in the health care field	543	50.2
Plan to attend school in some field other than health care	34	3.2
Miscellaneous:	(98)	(9.1)
Don't plan to work	4	0.4
Don't know	69	6.4
Other	27	2.5

The responses of 22 of the 27 persons who indicated "other" plans (as reported in Table 55) over the next five or six years, are listed below, in Table 56, as they were stated by respondents in order to preserve the integrity of their responses. Seven indicated plans for a career change, six would like to advance their education and careers in the health care professions, five indicated that they would like to stay in Licensed Practical Nursing if conditions were favorable, and four people had domestic plans.

Table 56

"OTHER" FUTURE OCCUPATIONAL PLANS, AS LISTED BY PRACTICAL NURSE PROGRAM GRADUATES

Occupational Plans	Number
Career Change:	7
B.S. in Psychology.	
Might choose another line of work.	
Probably will continue working as welfare worker, but, who knows, may work as missionary nurse.	
Plan to work in fields other than health care.	
Plan to go for cosmetology.	
Plan to start own business.	
Would like to further education but finances do not permit. As soon as industry opens more jobs, I will attempt employment there--more benefits, more pay.	
Registered Nursing/Health Care:	6
Would like at some time to go on and get RN, but feel that until the State of PA recognizes the training LPNs have already received and will give credit, it will be impossible for me to even consider it. If there were some kind of program that allowed LPNs to go back to school for one year and get an associate degree as RN, I would jump at the chance. Right now I have a husband and children, and it is impossible to consider a two, three or four-year course.	
Would like to go to school for RN.	
If I can find a way to keep my present job and attend school, I would like to become an RN.	
Would like to take some additional courses pertaining to nursing or the medical field some day to further my knowledge.	
Going for RN.	
If an associate degree program is offered in the York Area, I would like to enter.	
Licensed Practical Nursing:	5
May plan to work as an LPN, not sure.	
Plan to teach diving and use LPN for emergencies and extra money.	
Would like to work part-time in doctor's office, but because of being away since graduating and my age (55) I don't feel I'm a good prospect for employment.	
Seek "regular" job. Regular days and more permanent than private duty; perhaps a doctor's office.	
I noticed nurses who work for years hate their job. So I would like to be a LPN for a couple of years. I do not like working 3-11 or 11-7, and weekends; I do like helping people who are sick.	
Domestic:	4
Marry and plan a family.	
Marry and raise a family.	
Settle down.	
Stay home and take care of baby until school age.	

The final item on the "Practical Nursing Graduate Questionnaire" invited respondents to list the one major comment they would make in reference to "What would be your advice to someone who is considering enrollment in a Practical Nurse program?" Because the attitudes and reactions of the 752 people who answered this item are considered important to undertanding the impact of their Practical Nurse education experience, the full text of the responses has been appended (in Appendix P). Responses were grouped, for convenience, into ten general categories (plus "miscellaneous") that were perceived by the researchers to be representative of content and intent. A general summary of these response groupings, in order of frequency, is shown in Table 57. Comments typical of those within the individual groupings are included.

Table 57

PRACTICAL NURSE PROGRAM GRADUATES' "ADVICE" TO PEOPLE INTERESTED IN PRACTICAL NURSE ENROLLMENT

Category of Comments (Advice)		Number	Percent
"Be committed; work hard"		229	30
Be committed; good foundation; excellent program.	(N=92)		
Work hard or hard work, but well worth it; take it very seriously; challenging.	(N=40)		
Study hard and you will benefit later.	(N=52)		
Tough year: sacrifice time, devote yourself, "hardest year of my life."	(N=24)		
"Go for RN instead"		143	19
Skip LPN and go to school to be an RN; go for B.S. or associate degree	(N=143)		
"Go for it! Give it all you've got. Glad I did."		78	10
Do it (become an LPN).	(N=10)		
Go for it: beneficial, excellent career, "best move I ever made."	(N=34)		
"Worthwhile; worth the time and effort."	(N=34)		
"Use LPN as a career builder."		61	8
Work through the career ladder--LPN to RN to ?	(N=61)		

Table 57 (Continued)

PRACTICAL NURSE PROGRAM GRADUATES' "ADVICE" TO PEOPLE INTERESTED IN PRACTICAL NURSE ENROLLMENT

Category of Comments (Advice)		Number	Percent
"Be cautious: consider your needs and future:		58	8
Limited jobs; RNs are taking over; hospitals are laying off.	(N=47)		
Low pay, new environment; only nursing home jobs are available.	(N=11)		
"Explore health occupations careers."		52	7
Experience the field, as an aide/orderly or volunteer; prepare yourself in high school	(N=22)		
Be sure you like this field before entering.	(N=30)		
"Select your program carefully."		28	4
Check program content.	(N=12)		
Choose an accredited school.	(N=8)		
Be sure you can transfer credis to an RN program.	(N=9)		
"Don't do it!"		26	3
Don't do it; think twice; forget it: waste of time - no jobs.	(N=26)		
"Satisfying employment for 'older' graduates."		25	3
Demanding job, but I did it; age does not matter; I have pride and self esteem.	(N=25)		
"Changes recommended for PN program."		14	2
Expand length of program.	(N=20)		
More on-the-job training; medication (pharmacology) course; more emphasis on procedures.	(N=4)		
Miscellaneous:		38	5
Financial aid	(N=6)		
You can always use the knowledge.	(N=4)		
Other	(N=28)		

Practical Nurse Program Graduate Interviews

Twenty-eight Practical Nurse program graduates (27 LPNs and one GPN) were interviewed, in their employment settings. (The Interview Guide is shown in Appendix K-1.) The interview locations were selected as a regional sample (as shown in Appendix N) and included Practial Nurses employed in acute care facilities and long-term care facilities, some with geriatric speciality. One ICF/MR was included.

Because of scheduling difficulties in some interview sites, LPNs originally selected by their supervisors to be representative of the 41 schools included in this study and of the FYs 1979-80, 1980-81, and 1981-82 were not available. Thus, eight of the interview population were graduated from Practical Nursing prior to 1979-80, their years of completion being from 1961 to 1978. The schools-of-record of the interview population included: Central Chester County AVTS; Danville Area S.D.; Hanover S.D.; Jefferson-DuBois AVTS; Lancaster County AVTS; Lebanon County AVTS; Pittsburgh S.D.; Warren County AVTS; and York County AVTS. In addition to these schools, which were among those included in the basic study, the following Practical Nursing schools were represented by those who were interviewed: Alvernia (Pittsburgh) School of Practical Nursing; Carlisle Hospital; Coatesville Hospital; Community College of Allegheny County; Danville (Virginia) Community College; and Williamsport Area Community College. The views of these graduates of "non-study group" programs and years are reported; their responses were similar to those of the designated study population. The text of the interview responses to some open-ended questions (that are not written in full in this section) appears in Appendix P-1.

The Practical Nurse program graduates were first asked why they had decided to take the Practical Nurse program. Their answers included:

. Always wanted to be a nurse (N = 12)

. Started as Nurse Aide (N = 5)

. Exploration and career development (N = 14)

. Needed to work (N = 3)

. Wanted to help people (N = 3)

. Encouraged by family (N = 1)

When asked what they would have done had they not taken the Practical Nurse program, the PN graduates gave the following responses:

. Something other than the health care field (N = 8)

. Registered Nurse (N = 4)

. Another health care field (N = 4)

. Don't know (N = 4)

. Had no other desire (N = 2)

Ten of the interview population said they had found it difficult to pay the tuition for the PN program. These LPNs said they 'solved the problem' through PHEAA loans or personal loans, "State aid," by going to a "job-related tuition-free program," or through a rehabilitation agency.

Only eight (of 28) interviewees responded "yes" to the question, "If tuition had been $2,500 to $3,000 per year, would you have been able to afford this program?" Two others said, "Somehow, but it would have been rough."

To the question, "Have you had difficulty finding a job as an LPN?" only one person replied affirmatively, stating that "Nobody was hiring GPNs (Graduate Practical Nurse) everyone wanted LPN."

The next question asked if they planned to continue to work as an LPN. Only three people said "no," eight, including these three, indicated they plan to continue schooling later for RN, BSN, or "beyond." A total of 27 people listed reasons for their plans:

. Enjoy working as LPN (N = 14)

. Plan for career-ladder progression (N = 8)

. Economic stability (N = 5)

Responses to the question, "What are your overall feelings about opportunities for LPNs?" tended to reflect the general economic and employment climate of the geographic area in which the interviewees lived and the effects of acute care institutions' actions relative to implementation of the DRG system. The responses, which are recorded in Appendix P-1, may be summarized as:

. Negative (N = 12)

. Positive (N = 10)

. Uncertain/mixed feelings (N = 7)

A general question was asked: "What are your overall feelings about your Practical Nursing education?" Responses were summarized in the following categories:

. Very good (N = 20)

. Difficult but rewarding (N = 4)

. Changes recommended (N = 3)

The 28 PN program graduates were then asked to rate their Practical Nurse education. Eight said the program was "excellent," 15 felt it was "very good," and five gave the rating, "good." None rated their education as "fair" or "poor." The next question invited those who had rated their PN education as "good" to identify where the weaknesses were:

. Excellent with the exception of the area of dealing with an understanding the mentally retarded. This area was not emphasized.

. Poor pharmacology course; poor information as to nursing assessment, documentation, legalities, care plans, patient teaching; poor ratio of students to clinical instructor. Assets are organization, flexibility, clinical experience.

. Not enough experience in passing meds--poor teacher.

. We needed much more work on drugs and their actions.

. Intensive care and psychiatric.

- The weakness was the films in class and theory. We were taught by use of old and outdated information only to be taught by new version when we were in clinical.

The next question asked if the interviewees felt, now that they were working as LPNs, that there were any job responsibilities that were not adequately addressed in their PN educational programs, to which they responded:

- Management and supervision (N = 6)
- Limitations in clinical experience (N = 4)
- Medications/pharmacology (N = 2)
- Psychology/psychiatric nursing (N = 2)
- IV therapy (N =2)
- Trauma nursing (N = 1)

Twenty-five of those interviewed said they worked with LPNs who received their PN education at a school other than their own school. This group was asked, "How would you compare their preparation with yours?" Sixteen respondents felt the preparation "about the same," and one added that "Everybody is different--procedures are done differently but with good quality." Only one LPN replied that the preparation of others was "better." Five offered explanations of why their own preparation would be rated better than that of their co-workers. The responses of the 23 persons who elected to respond to this question are reported below:

- About the same; comparable; similar preparation (N = 15)
- One girl that I know did not have a pharmacology course so she really wouldn't know too much about the drugs.
- I believe I had more experience; it's just because of where I trained as compared to others.
- I cannot make any comparison. Because the people I've worked with have also worked for some time and I believe a lot is learned with your years of experience.
- Better

- My training was in a large city hospital with the opportunity to experience more unusual problems.

- I felt my education somewhat better due to smaller classes, better student-instructor ratio. I received good organization skills in my LPN training.

- Their team work is lacking.

- Everybody is different, procedures are done different but with good quality.

The final question of the interviews asked, "Do you have other comments you think would be helpful to Practical Nurse programs or students in Pennsylvania?" The responses are categorized as:

- Curriculum (N = 20)
- Lengthen PN program (N = 7)
- Instructional practices (N = 5)
- Tuition (N = 5)
- Advice for PN program prospects (N = 4)
- Conditions of work (N = 4)
- Clinical experience (N = 3)

Health Care Agencies/Organizations (Employers)

As was described in Chapter IV, a sample of health care agencies and organizations likely to employ Licensed Practical Nurses was selected to receive the "Health Care Agency/Organization" questionniare (shown as Appendix L). The sample was designed to include employers that appeared on the "Graduate Identification Form" that was submitted by Practical Nurse Program Coordinators as well as an equal number not listed on this form in order to enrich the sample. The selected sample was also designed to be representative of the six regions of the Commonwealth as it was divided for this study (shown in Figure 2, page 94). (The regional distribution of selected employers appears in Appendix M.) Of 201 questionnaires mailed, seven were returned as "wrong address", and 63 usable questionnaires were returned representing a real return of 32 percent. Regional representation of the "Health Care Agency/Organization" returns is shown in Table 58.

Table 58

HEALTH CARE EMPLOYER SURVEY RESPONSES,
BY REGION

State Geographic Region	Number of Respondents	Percent of Total
Northwest	9	14.3
Southwest	16	25.4
North Central	11	17.5
South Central	8	12.7
Northeast	7	11.1
Southeast	12	19.0
Total	63	100.0

Further description of the respondents is related in Table 59. Forty-four percent of the respondents represented long-term (extended) care facilities, 37 percent represented acute care facilities, three percent were answering for private health care groups or agencies; and ten percent represented "other" health care employers or did not specify the type of agency or organization.

Table 59

DESCRIPTION OF HEALTH CARE EMPLOYER RESPONDENTS, BY TYPE OF AGENCY/ORGANIZATION

Type of Agency/Organization	Number of Respondents		Percent of Total	
Long Term Care Facility:	28		44.4	
Up to 149 beds		22		34.9
150 to 499 beds		5		7.9
Facility size (number of beds) not specified		1		1.6
Acute Care Facility:	23		36.5	
Up to 149 beds		9		14.3
150 to 499 beds		6		9.5
500+ beds		8		12.7
Private Health Care group/agency	2		3.2	
Other/not specified	10		15.9	
Total	63		100.0	

Respondents were asked to indicate the patient-care ratios within the agency or institution in terms of the number of Registered Nurses, Licensed Practical Nurses, and Nurse Aides or Orderlies per bed in the facility. Table 60 reports their responses. Personnel-to-bed ratios are shown as reported for 1:1 (one health care provider to one bed) through 1:15. Because of the wide spread of responses after 1:15, ratios beyond this have been collapsed into intervals for more efficient reporting. Thirty-eight agencies reported Registered Nurse-to-bed ratios, 40 agencies reported Licensed Practical Nurse-to-bed ratios, and 37 agencies reported Nurse Aide/Orderly-to-bed ratios. In one-half of the agencies reporting RN-to-bed ratios, the ratios were

1:15 or lower. In one-half of the agencies reporting LPN-to-bed ratios, the ratios are 1:10 or lower. Although one agency reported a Nurse Aide/Orderly-to-bed ratio higher than the 1:20-25 range, one-half of the agencies reported Nurse Aide/Orderly-to-bed ratios as 1:9 or less.

Table 60

PATIENT CARE RATIOS IN REPORTING HEALTH CARE AGENCIES

	Agencies Reporting Personnel-to-Bed Ratios					
	Registered Nurse		LPNs		Nurse Aides/Orderlies	
Care Ratio	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total
1:1	2	3.2	-	-	-	-
1:2	-	-	1	1.6	2	3.2
1:3	-	-	1	1.6	1	1.6
1:4	1	1.6	1	1.6	1	1.6
1:5	4	6.5	4	6.5	3	4.8
1:6	2	3.2	4	6.5	2	3.2
1:7	1	1.6	1	1.6	2	3.2
1:8	1	1.6	3	4.8	6	9.7
1:9	1	1.6	3	4.8	3	4.8
1:10	3	4,8	3	4.8	4	6.5
1:11	1	1.6	-	-	1	1.6
1:12	1	1.6	-	-	5	7.9
1:13	1	1.6	1	1.6	-	-
1:14	1	1.6	-	-	2	3.2
1:16-20	3	4.8	-	-	2	3.2
1:21-25	1	1.6	3	4.8	1	1.6
1:26-30	4	6.5	6	9.7	-	-
1:31-35	-	-	1	1.6	-	-
1:36-40	-	-	1	1.6	-	-
1:41-45	-	-	1	1.6	-	-
1:46-50	-	-	2	3.2	-	-
1:51-60	4	6.5	3	3.2	-	-
1:61-70	-	-	-	-	-	-
1:71-80	2	3.2	1	1.6	-	-
1:81-90	-	-	-	-	-	-
1:91-100	1	1.6	-	-	-	-
1:101-125	3	4.8	-	-	1	1.6
1:242	1	1.6	-	-	-	-
1:250	-	-	-	1.6	-	-
No responses	25	38.7	23	35.5	26	41.9
Total	63	100.0	63	100.0	63	100.0

Respondents were asked to relate the number of budgeted positions in their agencies or organizations for Registered Nurses, Licensed Practical Nurses, and Nurse Aides/Orderlies. Their responses are shown in Table 61. Because of the wide spread of numbers of positions after "15," the numbers after 15 have been collapsed for more efficient reporting. In reviewing Table 61 for concentrations of numbers of budgeted positions in the reporting agencies, the following data are revealed:

- 51 agencies reported the numbers of positions for RNs who have less than baccalaureate degree; nearly one-half of these (47 percent) said they employed ten or fewer RNs with less than a baccalaureate degree, nine (18 percent) reported 13 to 30 such positions, 11 (22 percent) reported 41 to 100 less-than-baccalaureat RN positions, and six (12 percent) reported 276 to 400 RN positions for less than baccalaureate.
- 30 agencies reported the number of positions for RNs who have baccalaureate degrees; one-half of these reported positions for one or two BSNs, five (17 percent) reported positions for three to six BSNs, and four agencies (13 percent) reported positions for 12 to 25 BSNs.
- 14 agencies reported the numbers of positions for RNs who have masters' degrees; four agencies (29 percent) reported only one such position. It is possible that errors in reporting may have accounted for those who said they had budgeted positions for extremely high numbers of RNs with masters' degrees; i.e., 470 and 600.
- 56 agencies reported the numbers of budgeted positions for LPNs; 29 agencies (52 percent) reported budgeted positions for 14 or

fewer LPNs, and 15 (27 percent) said their institution had budgeted positions for 15 to 40 LPNs.

- 51 agencies reported the numbers of budgeted positions for Nurse Aides/Orderlies; 28 of these (55 percent) said they had budgeted positions for three to 40 Nurse Aides/Orderlies, and 11 agencies (22 percent) said they had budgeted positions for 41 to 60 Nurse Aides/Orderlies.

Only seven of the 63 responding health care agencies and organizations are shown, in Table 61, as having made "no response" to the question asking the number of budgeted positions for Licensed Practical Nurses. Of these seven agencies, five actually do employ LPNs, as was shown in their responses to subsequent items on the questionnaire. One of these was a major urban hospital, which later showed 116 full-time LPNs and 48 part-time LPNs, all of whom rotate shifts. One nursing home had LPNs, which were not "budgeted" positions, and a "nursing center" indicated in a subsequent item concerning "care ratios" that LPNs are employed (four full-time and four part-time). A State General Hospital that did not report "budgeted" positions did later show that LPNs are employed. An urban home care agency also showed in later data that they are responsible for placement of "44 LWPNs" and "62 LGPNs," none of whom, of course, would be full-time or budgeted positions.

Table 61

NUMBER OF BUDGETED POSITIONS FOR HEALTH CARE PROVIDERS, AS REPORTED BY HEALTH CARE AGENCIES

	Number of Agencies Reporting Budgeted Health Care Positions									
	Registered Nurse									
Number of Budgeted Positions	Diploma/ADN		BSN		Masters Degree		Licensed Practical Nurse		Nurse Aide/ Orderly	
	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total
1	3	4.8	10	52.4	4	6.3	1	1.6	-	-
2	-	-	5	7.9	1	1.6	2	3.2	-	-
3	3	4.8	1	1.6	-	-	3	4.8	2	3.2
4	3	4.8	1	1.6	1	1.6	2	3.2	2	3.2
5	2	3.2	1	1.6	1	1.6	2	3.2	-	-
6	4	6.3	2	3.2	-	-	2	3.2	-	-
7	4	6.3	-	-	1	1.6	2	3.2	1	1.6
8	1	1.6	-	-	1	1.6	2	3.2	1	1.6
9	1	1.6	-	-	-	-	4	6.3	-	-
10	3	4.8	-	-	1	1.6	2	3.2	2	3.2
11	-	-	-	-	-	-	2	3.2	-	-
12	-	-	1	1.6	-	-	1	1.6	1	1.6
13	2	3.2	-	-	-	-	1	1.6	1	1.6
14	3	4.8	1	1.6	-	-	4	6.3	2	3.2
15	1	1.6	1	1.6	-	-	2	3.2	1	1.6
16-20	1	1.6	-	-	1	1.6	3	4.8	3	4.8
21-25	1	1.6	1	1.6	-	-	4	6.3	1	1.6
26-30	1	1.6	-	-	1	1.6	2	3.2	3	4.8
31-35	-	-	-	-	-	-	2	3.2	3	4.8
36-40	-	-	-	-	-	-	2	3.2	5	7.9
41-45	1	1.6	-	-	-	-	-	-	1	1.6
46-50	3	4.8	2	3.2	-	-	1	1.6	5	7.9
51-60	3	4.8	1	1.6	-	-	2	3.2	5	7.9
61-70	1	1.6	-	-	-	-	1	1.6	-	-
71-80	-	-	-	-	-	-	-	-	2	3.2
81-90	-	-	-	-	-	-	-	-	2	3.2
91-100	3	4.8	-	-	1	1.6	1	1.6	1	1.6

Table 61 (Continued)

NUMBER OF BUDGETED POSITIONS FOR HEALTH CARE PROVIDERS, AS REPORTED BY HEALTH CARE AGENCIES

Number of Budgeted Positions	Number of Agencies Reporting Budgeted Health Care Positions									
	Registered Nurse						Licensed Practical Nurse		Nurse Aide/ Orderly	
	Diploma/ADN		BSN		Masters Degree					
	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total	Number of Responses	Percent of Total
100-125	-	-	-	-	-	-	3	4.8	3	4.8
126-150	-	-	-	-	-	-	-	-	2	3.2
151-175	1	1.6	-	-	-	-	-	-	-	-
176-200	-	-	1	1.6	-	-	-	-	1	1.6
201-225	-	-	-	-	-	-	1	1.6	-	-
226-250	-	-	-	-	-	-	-	-	-	-
251-275	-	-	-	-	-	-	-	-	-	-
276-300	2	3.2	1	1.6	-	-	-	-	-	-
301-350	2	3.2	-	-	-	-	-	-	-	-
351-400	1	1.6	-	-	-	-	-	-	-	-
401-450	-	-	1	1.6	-	-	-	-	-	-
451-500	1	1.6	-	-	1	1.6	-	-	-	-
501-600	-	-	-	-	1	1.6	-	-	-	-
No response	12	19.0	33	52.4	49	77.8	7	11.1	12	19.0
Total	63	100.0	63	100.0	63	100.0	63	100.0	63	100.0

Table 62 reports the absolute frequency of the number of Licensed Practical Nurse positions budgeted, as reported by health care agencies and organizations. (These data were presented as summary data in Table 61.) A total of 1,951 LPN positions were reported as budgeted positions by 56 reporting agencies.

Table 62

NUMBER OF BUDGETED POSITIONS FOR LPNs, ABSOLUTE FREQUENCY

Number Budgeted	Number Reporting	Extended Total
1	1	1
2	2	4
3	3	9
4	2	8
5	2	10
6	2	12
7	2	14
8	2	16
9	4	36
10	2	20
11	2	22
12	1	12
14	4	56
15	2	30
19	2	38
20	1	20
22	1	22
24	1	24
25	2	50
26	1	26
28	1	28
33	1	33
35	1	35
38	1	38
40	1	40
46	1	46
55	1	55
56	1	56
64	1	64
100	1	100
108	1	108
109	1	109
123	1	123
151	1	151
157	1	157
173	1	173
205	1	205
Total	56	1,951

The questionnaire sought information regarding the number of full-time and part-time Licensed Practical Nurses who were currently (at the time of response in Spring 1984) employed on the normal daylight, afternoon, and night schedules. Responses of the health care agencies are reported in Table 63. Numbers of LPNs higher than "20" have been reported in intervals of five and ten. In reviewing Table 63 for scheduling patterns, the following data are revealed:

. 53 agencies reported numbers of full-time LPNs employed on the normal daylight schedule; 26 agencies (49 percent) scheduled from one to four full-time LPNs on the daylight shift, and 17 agencies (32 percent) scheduled from five to 12 full-time LPNs on the daylight shift.

. 35 agencies reported part-time LPNs employed on the normal daylight shift; 20 (57 percent) scheduled one or two LPNs for part-time work on the normal daylight schedule, and 11 (31 percent) scheduled three to seven part-time LPNs on this shift.

. 48 agencies reported scheduling full-time LPNs on the afternoon shift; 23 of these (48 percent) scheduled from one to three full-time LPNs for the afternoon, and 16 (33 percent) reported scheduling from four to nine LPNs for the afternoon.

. 44 agencies said they scheduled part-time LPNs for the afternoon; 24 of these (55 percent) scheduled from one to four LPNs for part-time assignment in the afternoons, and six (14 percent) scheduled from five to seven part-time LPNs for afternoons.

. 45 agencies reported scheduling full-time LPNs for the night schedule; 25 of these (56 percent) said they employed from one to three LPNs for nights, and 12 (27 percent) scheduled four to six LPNs for full-time work at night.

- 26 agencies reported scheduling part-time LPNs for night assignments; 14 (54 percent) of those who reported part-time LPNs working the night shift employed one person at this time, and ten (38 percent) said they scheduled from two to six LPNs at night.

Table 64 reports the absolute frequency of the number of Licensed Practical Nurses who were reported as employed on normal daylight, afternoon, and night schedules. (These data were presented as summary data in Table 63.) A total of 438 full-time and 112 part-time LPNs were reported as scheduled for normal daylight shifts, 294 full-time and 415 part-time LPNs were reported as scheduled for normal afternoon shifts, and, for normal night schedules the totals were 173 full-time and 66 part-time LPNs.

Table 63

FULL-TIME AND PART-TIME LPN SCHEDULING PATTERNS REPORTED BY HEALTH CARE AGENCIES

Number LPNs Reported	Agencies Reporting Licensed Practical Nurse Schedules											
	Normal Daylight Schedule				Normal Afternoon Schedule				Normal Night Schedule			
	Full-Time		Part-Time		Full-Time		Part-Time		Full-Time		Part-Time	
	n	%	n	%	n	%	n	%	n	%	n	%
0	10	16	28	44	15	25	29	48	18	30	37	61
1	6	10	10	16	10	16	10	16	14	23	14	23
2	8	13	10	16	6	10	5	8	6	10	2	3
3	7	11	3	5	7	12	3	5	5	8	3	5
4	5	8	3	5	6	10	6	10	4	7	2	3
5	5	8	1	2	2	3	2	3	5	8	2	3
6	2	3	3	5	3	5	2	3	3	5	1	2
7	3	5	1	2	2	3	2	3	1	2	1	2
8	1	2	-	-	1	2	-	-	1	2	1	2
9	1	2	-	-	2	3	-	-	-	-	-	-
10	2	3	-	-	-	-	-	-	-	-	-	-
11	2	3	-	-	1	2	-	-	-	-	-	-
12	1	2	-	-	-	-	1	2	-	-	-	-
13	-	-	-	-	2	3	-	-	2	3	-	-
14	1	2	-	-	-	-	1	2	-	-	-	-
15	-	-	1	2	-	-	-	-	-	-	-	-
16	1	2	1	2	1	2	-	-	-	-	-	-
17	2	3	-	-	-	-	-	-	-	-	-	-
18	-	-	-	-	-	-	-	-	-	-	-	-
19	-	-	-	-	-	-	-	-	-	-	-	-
20	1	2	-	-	-	-	-	-	-	-	-	-
21-25	-	-	-	-	1	2	-	-	-	-	-	-
26-30	-	-	-	-	-	-	-	-	2	3	-	-
31-35	-	-	-	-	-	-	-	-	-	-	-	-
36-40	-	-	-	-	1	2	-	-	-	-	-	-
41-45	-	-	-	-	1	2	-	-	-	-	-	-
46-50	1	2	-	-	-	-	-	-	-	-	-	-
51-60	1	2	-	-	-	-	-	-	-	-	-	-
61-70	1	2	-	-	-	-	-	-	-	-	-	-
Total	63	100	63	100	63	100	63	100	63	100	63	100

Table 64

NUMBER OF FULL-TIME AND PART-TIME LICENSED PRACTICAL NURSES SCHEDULED FOR DAYLIGHT, AFTERNOONS, AND NIGHTS

	Normal Daylight Schedule				Normal Afternoon Schedule				Normal Night Schedule			
	Full-Time		Part-Time		Full-Time		Part-Time		Full-Time		Part-Time	
Number Scheduled	Number Agencies	Total LPNs	Number Agencies	Total LPNs	Number Agencies	Total LPNs	Number Agencies	Total LPNs	Number Agencies	Total LPNs	Number Agencies	Total LPNs
1	6	6	10	10	10	10	10	10	14	14	14	14
2	8	16	10	20	6	12	5	10	6	12	2	4
3	7	21	3	9	7	21	3	9	5	15	3	9
4	5	20	3	12	6	24	4	24	4	16	2	8
5	5	25	1	5	2	10	2	10	5	10	2	10
6	2	12	3	18	3	18	2	12	3	9	1	6
7	3	21	1	7	2	14	2	14	1	7	1	7
8	1	8	-	-	1	8	-	-	1	8	-	-
9	1	9	-	-	2	18	-	-	-	-	-	-
10	2	20	-	-	-	-	-	-	-	-	-	-
11	2	22	-	-	1	11	-	-	-	-	-	-
12	1	12	-	-	-	-	1	12	2	24	-	-
13	-	-	-	-	2	26	-	-	-	-	-	-
14	1	14	-	-	-	-	1	14	-	-	-	-
15	-	-	1	15	-	-	-	-	-	-	-	-
16	-	-	1	16	1	16	-	-	-	-	-	-
17	2	34	-	-	-	-	-	-	-	-	-	-
20	1	20	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	1	25	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-	1	28	-	-
30	-	-	-	-	-	-	-	-	1	30	-	-
40	-	-	-	-	1	40	-	-	-	-	-	-
41	-	-	-	-	1	41	-	-	-	-	-	-
50	-	50	-	-	-	-	-	-	-	-	-	-
58	1	58	-	-	-	-	-	-	-	-	-	-
70	1	70	-	-	-	-	-	-	-	-	-	-
Total	53	438	35	112	48	294	44	115	45	159	26	58

The health care agencies/organizations were asked, "About how many new LPN employments do you anticipate will be required by your agency/organization over the next six years?" (to 1990). Overall, respondents were somewhat less likely to make predictions for 1986 through 1990 than for 1985. The number of agencies anticipating no new LPN employments was slightly over one-fourth of all 63 agencies (17, or 27 percent) for 1985 and 1986; this number decreased slightly when reporting for 1987 through 1990. The number of respondents that anticipated the employment of one to five LPNs annually varied from 21 to 27, or 33 percent to 43 percent. For all six years (1985 through 1990) the number of employers who anticipated hiring 16 or more LPNs annually was greater than those who reported an expected number of six to ten new LPN employments, although this number is considerably less (about one-fourth as many) than those who expect one to five "new hires." One respondent (from a long-term care facility) commented, "Indeterminate, depending on turn-over of LPNs presently employed." A respondent from an acute-care facility wrote, "We will not be adding new positions. It depends on turnover rate, which is very low at present." Table 65 reports the annual new LPN employments anticipated in about 75 percent of the 63 health-care agency respondent's places of employment.

Table 65

LICENSED PRACTICAL NURSE EMPLOYMENTS ANTICIPATED ANNUALLY

			Anticipated LPN Employments									
	No Response		None		1 to 5		6 to 10		11 to 15		16 or more	
Year	n	%	n	%	n	%	n	%	n	%	n	%
1985	11	18	17	27	25	40	3	5	1	2	6	10
1986	15	24	17	27	21	33	3	5	1	2	6	10
1987	16	25	10	16	27	43	4	6	-	-	6	10
1988	18	29	11	18	25	40	4	6	-	-	5	8

Table 65 (continued)

Year	No Response		Anticipated LPN Employments None		1 to 5		6 to 10		11 to 15		16 or more	
	n	%	n	%	n	%	n	%	n	%	n	%
1989	16	25	14	22	24	38	4	6	-	-	5	8
1990	16	25	12	19	27	43	3	5	-	-	5	8

Table 66 converts the data from Table 65 into annual numbers of anticipated new LPN employments, through 1990 (in about 75 percent of the 63 agencies that returned completed questionnaires). These "anticipated" employments are reported within each category used in Table 65, showing the lowest possible number and the highest possible number in each range category "one to five," "six to ten," "11 to 15." The "low" of "16" is used for the category "16 or more." A total low-to-high range, based on respondents' expectations is Spring 1984, is shown for each of the six years 1985 through 1990.

Table 66

NUMBERS OF LICENSED PRACTICAL NURSE EMPLOYMENTS ANTICIPATED ANNUALLY

Year	Number Reporting	Anticipated LPN New Employment Numbers 1-5	6-10	11-15	16 or More		Anticipated Total Range
		Low High	Low High	Low High	Low	High	Low High
1985	52	25-125	18-30	11-15	96	-	150 - 266
1986	48	21-1-5	18-30	11-15	96	-	146 - 246
1987	47	27-135	24-40	-	96	-	147 - 271
1988	45	25-125	24-40	-	80	-	129 - 245
1989	47	24-120	24-40	-	80	-	128 - 240
1990	47	27-135	18-30	-	80	-	128 - 245

Health care agencies were asked if their agency or organization anticipated an increase in the size of the facility over the next few years. Forty-four respondents (70 percent) indicated "no." Eighteen respondents (29 percent) said that they did expect their facility to increase in size. The follow-on item to those who indicated "yes" asked, "Would this result in an increase in the number of LPNs that you hire?" Six of the eighteen respondents who had said their facility is expected to increase in size said they will not hire more LPNs and seven said that the facility's growth would mean an increase in the number of LPNs to be hired. Five of the 18 respondents who anticipate an increase in facility size said they did not know if the number of LPNs would be increased.

When asked how many institutions provide education for Registered Nurses and Practical Nurses within the respondent's geographic area (i.e., the agency or organization's service area), nearly two-thirds (40 respondents) said there were one, two, three, or four schools of nursing for RNs in the area. Two-thirds (67 percent) of the respondents indicated that there were one or two schools in their area that offered Practical Nurse education. Table 67 reports the frequency of responses according to the number of schools.

Table 67

NUMBER OF REGISTERED AND PRACTICAL NURSING SCHOOLS WITHIN SERVICE AREA

Number Schools in Area	Registered Nursing Schools		Practical Nursing Schools	
	Number Agencies Reporting	Percent of Total	Number Agencies Reporting	Percent of Total
1	13	21	19	30
2	9	14	23	37
3	12	19	7	11
4	6	10	2	3
5	1	2	-	-
6	1	2	-	-
7	-	-	-	-
8	1	2	1	2
9	-	-	-	-
10	1	2	-	-
11	1	2	-	-
17	1	2	-	-
20	1	2	-	-
No response	16	26	11	18
Total	63	104*	63	103*

*Totals exceed 100 percent due to rounding.

The next item asked that respondents list the (three) schools where the majority of the LPNs employed at their agency or institution received their Practical Nurse education. They were also asked to list the approximate number of LPNs in the agency's employment who attended these schools. Thirty-three (52 percent of the survey respondents) listed just one school, 14 (22 percent) listed two schools, and 11 (17 percent) listed three schools. Five people (eight percent of the survey respondents) did not answer this item. Table 68 reports the responses. Schools are listed by alphabetical order within type-of-agency categories.

Table 68

PRACTICAL NURSING SCHOOLS OF LPNs EMPLOYED IN REPORTING HEALTH CARE AGENCIES

Type of Agency	Practical Nursing School	Number of Graduates
Acute Care	Allegheny County Community College	40
	Allegheny County Community College	*
	Alvernia School of Practical Nursing (Pgh.)	20
	Alvernia School of Practical Nursing (Pgh.)	*
	Beaver County Community College	1
	BOCES (Elmira Heights, NY)	3
	Clarion County AVTS	8
	Clarion County AVTS	4
	Danville S.D.	12
	Greater Johnstown AVTS	*
	Indiana County AVTS	8
	Jefferson-DuBois AVTS	25
	Jefferson-DuBois AVTS	30
	Jefferson-DuBois AVTS	10
	Jefferson-DuBois AVTS	14
	Lancaster County AVTS (Willow Street AVTS)	50
	Lancaster County AVTS (Willow Street AVTS)	*
	Lebanon County AVTS	60
	James Martin School (Philadelphia)	10
	Pittsburgh School District (Connelley Skill Learning Center)	*
	Pittsburgh School District (Connelley Skill Learning Center)	120
	Sacred Heart Hospital (Norristown)	4
	St. Francis Hospital (Olean, NY)	6
	Somerset County AVTS	20
	Upper Bucks County AVTS	4
	Venango County AVTS	10
	Warren County AVTS	2
	Warren County AVTS	3
	Williamsport Area Community College	10
	Williamsport Area Community College	10
	Williamsport Area Community College	*
	York County AVTS	"100+"
Long-Term Care	Allegheny County Community College	1
	Allegheny County Community College	*
	Allegheny County Community College	*
	Altoona AVTS	8
	Altoona Hospital	18
	Beaver	1
	Butler County Community College	1
	Bradford Area High School (now closed)	4

Table 68 (Continued)

Type of Agency	Practical Nursing School	Number of Graduates
Long-Term Care (continued)	Carbon County AVTS	14
	Cecil County (MD) Community College	1
	Centre County AVTS	2
	Centre County AVTS	5
	Centre County AVTS	32
	Clearfield County AVTS	15
	Coatesville Hospital School of Nursing	1
	Danville Area S.D.	8
	Danville Area S.D.	20
	Danville Area S.D.	5
	Erie City S.D.	1
	Erie City S.D.	5
	Franklin County AVTS	10
	Geisinger Medical Center	1
	Greater Johnstown AVTS	4
	Greene County AVTS	3
	Johnstown Rehab	1
	Juniata-Mifflin County AVTS	3
	Lancaster County AVTS (Willow Street AVTS)	"Most"
	Lancaster County AVTS (Willow Street AVTS)	30-40
	Lawrence County AVTS	1
	Lawrence County AVTS	7
	North Hills Passavant Hospital (Pittsburgh)	1
	Philadelphia S.D. (James Martin School)	1
	Philadelphia S.D. (James Martin School	192
	Pittsburgh S.D. (Connelley Skill Learning Center)	*
	Pittsburgh S.D. (Connelley Skill Learning Center)	*
	St. Francis (Olean, NY)	2
	St. Vincent's School of Nursing (Erie)	4
	Torrance State Hospital (erroneously reported: no school)	40
	Westmoreland County Community College	2
	Westmoreland County Community College	18
	Westmoreland County Community College	18
	Westmoreland County Community College	5
	Westmoreland County Community College	9
	Westmoreland County Community COllege	2
	Wilkes-Barre AVTS	30-40
	Waiver (No longer available)	4

Table 68 (Continued)

Type of Agency	Practical Nursing School	Number of Graduates
Clinic	Allegheny County Community College	18
	Pittsburgh S.D. (Connelley Skill Learning Center)	48
Detoxification Unit	Northampton County Community College	4
Home Health/ Home Care Agency/ Organization	Altoona AVTS	*
	Danville Area S.D.	3
	Huntingdon County AVTS	*
	Philadelphia S.D. (James Martin School)	*
Intermediate Care Facility/ Mentally Retarded (ICF/MR)	Hanover S.D.	*
	Wilkes-Barre AVTS	200
	York County AVTS	3
Private Health Care Group/ Agency	Bradford Hospital	1
	St. Francis School of Nursing (Olean, NY)	1
	Warren County AVTS	1
Tertiary Care	Danville S.D.	*

*Numbers not reported

Respondents were next asked, "Based on your experience, how would you rate the quality of Practical Nursing education in Pennsylvania schools?" Options of "excellent," "very good," "good," "fair," and "poor" were given. As shown in Table 69, respondents from 87 percent of the survey population replied "excellent" or "very good." [When adjusted for non-respondents (N=4), 93 percent of the respondents gave these ratings.] None of the respondents rated the quality of Practical Nurse education in Pennsylvania schools as only "fair" or as "poor."

Table 69

QUALITY RATINGS OF PRACTICAL NURSE EDUCATION IN PENNSYLVANIA

Quality Rating	Number Reporting	Percent of Total	Percent Reporting
Excellent	34	57	61
Very Good	18	30	32
Good	4	6	7
Fair	-	-	-
Poor	-	-	-
No Response	4	6	-
Total	63	99*	100

*Less than 100 percent due to rounding.

Although only four respondents rated the quality of training as "good" (and none chose the options "fair" or "poor"), nine elected to write the following comments which centered on the need for more medication (drug therapy) instruction, professionalism, and clinical procedures and supervisory training.

- Approved Medication Courses have not been provided.
- Not enough medication experience.
- They (LPNs) are not instructed enough in medication and long-term care.
- One year not sufficient for training. Drug therapy poor and professionalism could be improved.
- Need to be taught more professionalism.
- Most of Jeff Tech grads should rate higher. Warren grads good to poor.
- Theory adequate. Need practical on-the-job experience.
- LPNs tend to be insecure and not always secure in accepting charge nurse positions.
- Attitudes are sarcastic. Cannot accept constructive criticism. Do not know how to function during patient care. Know very little about procedures and patient care.

When asked about their agency's involvement in Practical Nurse education ("Does your organization/agency serve as a cooperating agency for clinical training experience for a Practical Nursing education program?"), 20 of the 63 survey respondents said "yes," their agency was involved in the clinical experience segment of PN education programs.

Respondents were asked whether their agency or organization conducts a formal orientation program for new or returning LPNs. Of the 63 survey respondents, 45 (71 percent) replied that such an orientation program is conducted in their agency or organization. This group was asked to describe the orientation program in terms of hours or days. Thirty-seven respondents complied with the request, as shown in Table 70. The orientation periods were of two days to 30 days duration and consisted of from eight to 160 hours contact time. One-third of the orientation programs reported were described as being from ten to 15 day program. One respondent also indicated that the orientation program is competency-based.

Table 70

DURATION OF ORIENTATION PROGRAMS FOR NEW OR RETURNING LPNs AS REPORTED BY HEALTH CARE AGENCIES

Number Days Orientation	Number Hours Orientation	Number Agencies Reporting (N=37)
10	-	5
10	80	4
15	-	3
30	-	2
14	-	2
30	8	1
20	160	1
20	-	1
7	8	1
6	-	1
5	80	1
5	40	1
5	35	1
5	8	1
5	-	1
4	32	1
4	20	1
3	24	1
3	12	1
2	16	1
2	-	1
10-15	-	1
5-10	40-80	1
4-5	-	1
3-5	-	1
-	64	1

When asked, "Does your agency/organization conduct its own Practical Nursing education program?" only one of the 63 respondents replied affirmatively. The responding agency, having been asked to use data or estimates from the last five years to answer a series of questions about the Practical Nurse program participants, indicated that ten percent of the PN program participants had been welfare or public assistance recipients, 75 percent of those who entered the program completed the program, and 95 percent of the completers achieved State licensure as a Licensed Practical Nurse at the first attempt. No response was given to the questions regarding the number subsequently employed at the facility or the number who continue into advanced health occupations schools.

The health care agencies were asked whether the organization has difficulty filling positions for Registered Nurse and Licensed Practical Nurses. Thirty-seven respondents (61 percent) said they had no difficulty filling positions for RNs, but 24 respondents (39 percent) indicated that these positions were hard to fill. Responses regarding filling Licensed Practical Nurse positions were quite different: 56 respondents (93 percent of the responding agencies) had no difficulty filling LPN positions, and only four respondents said that LPN positions were difficult to fill.

Those who noted difficulty in filling either RN or LPN positions were asked to explain their perceptions of why these positions were hard to fill. The 24 respondents who said that RN positions were hard to fill answered the follow-on question that asked, "What do you feel is the reason?" One comment was, "Presently we do not have a problem--It depends on the market." Nine others noted shortages of RNs and some reasons for the shortage. Five respondents felt the geographic locaiton of the institution was detrimental, and six cited low salaries as the reason for difficulty in filling Registered Nurse positions. The following are their comments:

- Not enough RNs in area.
- (Hard to fill) at times (because of) moves in and out of the area.
- (Hard to fill) at times primarily because of low availability.
- Lack of availability of RNs; usually part-time work only; disinterest in employment.
- Not that many available.
- Difficulty to find reliable nurses willing to work in a nursing home.
- (Hard to fill) on a temporary position.
- Due to hiring part-time RN.
- BSN recruitment.

- Geographic locale; rural limited service (experience)
- Geographic location
- Location
- Rural area; nursing school (is) distant
- Rural area

- Salaries
- Salary; shift availability
- Rate of pay
- Salaries budgeted
- Benefits are less than hospital nursing
- Low pay

- Hours, short notice to work, shortage
- Size of institution
- Several facilities within a small area
- The field is gerontology.

Three of the four respondents who indicated that LPN positions were hard to fill gave the following reasons which they felt to be the cause:

- Difficult to find reliable nurses willing to work in a nursing home.
- Until the past year, we had difficulty due to (1) lower salaries of SNF (Skilled Nursing Facility) and (2) lack of opportunity for advancement.
- Approved Medication Course not provided (at the local school).

Forty-eight respondents (76 percent) answered negatively to the question, "Does your agency/organization recruit for LPNs?" The 15 respondents (24 percent) who said they do recruit were asked to identify their recruitment channels. Local advertising was used by 14 responding agencies (22 percent), and four agencies (six percent) recruit LPNs through advertising beyond the local area. One respondent indicated that, in addition to advertising for LPNs, the agency gets "referrals from friends of the present staff." Another said the agency advertises for LPNs "on occasion," and another replied that they advertise for LPNs "only if we cannot hire an RN."

The final item on the "Health Care Agency/Organization" questionnaire asked, "Do you have any recommendations/comments about the content/methods of Practical Nursing education programs (in Pennsylvania)?" Fourteen recommendations were offered:

Program Structure:

- The program should be converted to AD programs in nursing and PN education eliminated.
- Some community colleges offer LPN/RN Programs (Westmoreland). This type of program would be highly beneficial to our area. At least 15 LPNs would be committed, if such a program was available to this area (Punxsutawney).
- Would like to see more career ladder possibilities such as LPN training counting toward RN.

Curriculum Change:

- I was a PN before becoming an RN. We understood our role in nursing. The graduate LPNs of today make many errors because they go beyond their scope. Their attitudes are unbecoming a nurse who is to be emphathetic and conscientious. I think more emphasis should be placed on attitudes, appearance, caring and procedures. They no longer respect patients' rights or administrators' opinions. They should take a pre-test to see if they are suitable for nursing.
- They are uncertain or lack confidence re: pharmacology; role delineation within "Scope of Practice Act" should be better clarified rather than looking to individual institutions. In other words, if they know their legal limitations (they can) assert themselves to practices within the scope. Learn to say "no."
- Need more education on giving medications.
- More classes on medicines and more on cardiac arrythmias and telemetry.
- NAPNES-approved medication course should be part of the curriculum since many institutions today require medication administration.
- All LPNs (should) graduate with the ability to pass medication and not have to take a special course after graduation and expect the facility to train (them).

Clinical Expansion:

- More clinical experience on shifts other than 7-3 might benefit the program. The new graduates come out of training expecting 7-3 positions and, in fact, this is not reality.
- Would like to have clinical experience expanded in programs.

Supervison/Management Skills:

- I feel more should be taught regarding care plans, rehab goals, and doctors' orders (how to write them and note them).
- Recommend more training in effective supervision of employees (Nursing Assistants, Orderlies) and "how to deal" with a difficult employee.
- LPNs could use more education in management skills. In long-term care LPNs (are) utilized as charge nurses, and we spend approximately $3,000 per year in training LPNs in these skills.

Seven other respondents offered the following comments regarding Pennsylvania's Practical Nursing programs:

- Too many in our service area.
- Feel LPNs fill a vital role in Health Care delivery in Pennsylvania.
- I think the LPNs today are very well educated.
- The LPN program at the Franklin County AVTS serves the nursing homes of this area very well.
- I personally feel the Danville Area School of Practical Nursing under the direction of Marguerite Savidge is the best. She gives individual attention to her students' needs. Her students know of her expectations of them and they meet those expectations. As far as I know she has had only two failures of State Board exams.
- The majority of LPNs hired at this facility are very good. The question regarding the quality of LPN training cannot be accurately answered as the LPN quality depends on the interest and dedication of each individual.
- I'll answer with two questions:
  (1) How many levels of educational preparation levels should we have for entry into the practice of nursing?
  (2) What type of nurse will be required within the acute care setting, considering the anticipated impact of DRGs, etc.?

Health Care Agency/Organization Interviews

Appointments were made to interview 12 health care agency administrators who were responsible for nursing personnel in their agencies. (The Health Care Agency Interview Guide is shown as Appendix L-1.) Two interview sites in each of the six study regions were randomly selected from respondents to the mailed Health Care Agency/Organization questionnaires. Twelve interview dates were pre-arranged by telephone; however, two were cancelled on the day of the interview by the scheduled interviewee (one acute care facility and one long-term care facility) due to illness and family death. The ten persons interviewd held the following positions: Head of Nursing (2); Supervisor of Nursing; Personnel Director; Director; Nursing Director/ Director of Treatment Services; Director of Nursing Services; Administrator of Nursing Affairs; Vice President of Nursing; and Charge Nurse/RN Supervisor.

Six of the interview population were employed at acute care institutions and four at long-term care facilities (three geriatric care facilities and one intermediate care facility for the mentally retarded--ICF/MR). At the six acute care facilities, the agency employed the following numbers of full-time and part-time Licensed Practical Nurses: 24; 26; 65; 151; 157; and 160. The long-term (extended) care facilities specializing in geriatric care employed the following numbers of full-time and part-time Licensed Practical Nurses: 11 (ten full-time and one part-time); 46; and 56 (plus seven "on-call"). The ICF/MR employed 14 LPNs. Four agencies reported that the majority of the LPNs employed at their facility were from just one local school, three hired the majority of the LPNs primarily from two schools, and three reported that LPNs at their agencies about equally represented three schools of Practical Nursing.

Those interviewed were also asked how many schools, in their local area, offered professional nurse (RN) programs. Two reported one school, one reported two schools, two said there were three schools, one reported five schools, three reported six schools, and one person said there were seven schools in the area that offered programs for Registered Nursing. The follow-on question asked, "With availability of a large number of new nurse candidates, how does this affect the employment of LPNs?" In the long-term care facilities, the responses were:

- No effect at this facility: we have not hired an LPN since 1981 because of low turnover.
- No effect on employment of LPNs in nursing homes, but there will be in acute care.
- Little to no effect here. RNs are largely geared to paper work rather than patient contact; prefer to use LPNs.
- No effect.

Acute care institutional responses to the same question were:

- Not at this point: RNs do not want to work only part-time. Have noted that seven local high school graduates (1984) have gone into nursing.

- We have, in the past, had a large number of new nurse candidates. RNs will be replacing LPNs and LPNs will replace the nurse aides.
- With the RN shortage a few years ago, we used LPNs, but we are changing back to RNs. We are currently surveying the hospital to determine RN and LPN duties.
- Would need more LPNs if there were a shortage of RNs; however, many wives of local college students and state penitentiary employees are RNs, making it easy to fill RN positions.
- No effect: LPNs have their own niche in the hospital.
- In the acute care setting, will have to have more of a professional staff because the patients are sicker (under the effects of the DRG system). Will need more RNs than LPNs.

The next item asked those interviewed to predict the need for LPNs over the next five to six years (to approximately 1990). Two said they did not know, three said they expected the need for LPNs to increase, and five felt the need would stay about the same as it is now. As can be seen in the following explanations by the respondents, their answers showed some pattern related to the type of setting from which they were responding:

Don't know

- The effects of DRGs are still unknown, but will have a big impact on staffing. (This hospital, however, is already recognized as having a lower cost to the patient and shorter length of stay than the other seven hospitals in the area.) (Acute care)
- LPN has a definite place; there is a definite need for LPNs. They are currently team leaders on all three shifts and also, medication nurse under RN's supervision. However, depending on State regulations, if there is not sufficient supervision, team leaders will have to be RNs and there will be one less LPN position available. ANA members are the ones pushing for four-year degrees. (Long-term care)

Increased need for LPNs

- The national corporation (that owns the nursing home) likes the current staffing pattern: it follows the national norm. Skilled nursing homes will need more LPNs. (Long-term care facility)
- LPNs give more direct medical care and total nursing care; financial assistance is available to long-term care facilities. Even at acute care institutions, LPNs appear to be more in demand than RNs. (Long-term care facility)
- Extended care facilities may need to hire more LPNs (over nursing assistants) because of the acuity of the illness as patients are released more quickly from acute care facilities. (Long-term care facility)

Need for LPNs will stay about the same

- There are legal restrictions related to Medicare and DRGs. LPNs will take the place of aides though. (Acute care facility)
- Acute care opportunities will decrease for the LPN and more RNs will be used; however, home care will use LPNs. (Acute care facility)
- Home care opportunities will increase for LPNs. (Acute care facility)
- Increase in nursing home opportunities and decrease in acute care employment. (Long-term care facility)
- This is a full service regional medical center where there is a great deal of acuity; therefore, the patients' needs require the professional level nurse. Opportunities for LPNs will not increase here. LPNs who are already here--there is a very low turnover--will probably continue to perform as they do now. However, home health care agencies will be "exploding": patients will be at hospital for a shorter time and may need home care agency services. These agencies may employ LPNs. (Acute care facility)

When asked if they felt the role of LPNs would change in terms of places of employment, four indicated "no" and six said "yes." The reasons for their responses were:

No change in places of employment

- LPNs are used extensively in this hospital for all-around duties and some non-traditional duties. Costs continue to be measured.
- Facility is overstaffed by the management corporation's standards; cuts will not be in LPNs.
- Nursing homes will continue to need LPNs.
- LPNs are employed in almost all areas (except as school nurses) where RNs are employed: nursing homes, doctor's private practices, etc.

Places of employment will change

- More LPNs in nursing homes.
- We have them giving medications and we use them "to the max."
- Technical nurses will be used in the future.
- Home health care agencies and extended care facilities may mean an extra requirement for LPNs.
- More in extended care (less in acute care): will need to have people who have been well educated.
- May see a change in the numbers of positions allocated for nurse aides and LPNs; i.e., may need more LPNs to do bedside care as the DRG effects are seen in long-term care facilities.

In terms of LPN assignments and responsibilities over the next few years, nine of the ten people interviewed made predictions: four felt assignments and responsibilities will change; one felt there would be no change; and one had mixed reactions. Reasons given by eight of the respondents were:

Assignments and responsibilities will change

- More acute patient care: module nursing units will need RNs and LPNs.
- Changing assignments from RNs to LPNs.
- LPNs should be trained to give IVs.
- LPNs should be assuming more responsibilities as team leaders. They are legally responsible and should know these responsibilities. They are responsible for the quality of care.

No change in assignments and responsibilities

- They are now performing at their legal limit at this hospital.
- LPNs work on all three shifts and in the emergency room. There are no LPNs in OB (where about 1,000 babies are born each year). LPNs do not currently pass medications here (but may do so in the future) because there is an ample supply of RNs. LPNs do assist physicians during examinations.
- What LPNs do is restricted by the Nurse Practice Act.

Don't know

- No change expected in nursing homes. In hospitals, when people come out of intensive care, LPNs will be responsible for more duties which are currently performed by nurse aides.

To the quesiton, "Do you foresee the role of LPNs changing in terms of nursing activities?" five saw the LPN's nursing activities staying as they are now and five anticipated change:

No change in nursing activities

- Patient education is better from the RN; new LPNs have a communications problem.
- The license limits what they can do.
- LPNs are currently used in ICU and could be used in any unit of the hospital; e.g., EKG (to run, plot intervals, do axis deviations, etc.). Therefore, need more highly skilled people than just the EKG technician.
- Extended care facilities will stay the same.

Change in nursing activities anticipated

- Will do more patient care and teaching (patient education) and, thus need better communication skills.
- More charge work and less patient care in long-term care facilities.

- Will need to work on communication skills and professionalism.
- Hospital currently has some primary nursing and LPNs are active in these. LPNs communicate in their interaction with primary nurses; they are members of the team-nursing teams; they participate in care plans.
- Shifting into more specialized areas--physical therapy is shifting into bedside range-of-motion because of fiscal assignment to Physical Therapist. The same is true of therapeutic recreation.

A second multi-thrust question was asked: "Do you foresee current legislation (such as "Skilled Nursing Care for Patients on Medicare" and the DRGs, for example) impacting on the outlook for LPNs in regard to (1) employment opportunities, (2) salaries, or (3) 'other'?" The responses were:

Legislative effects on employment

- The effect of State rules and regulations and DRGs will not have a negative impact on LPN employment: nurses will give the care, not aides.
- Shift will be from acute care to home care or the "best" patient shift.
- Everyone will be affected by DRGs.
- Hospitals will have to make decisions, as will nursing homes, because of the legislation and payment system.
- LPN nursing care will respond to financial outlays for long-term care.
- Institutions that have to trim the budget may be looking toward LPNs to give patient care.
- Home health care agencies and extended care facilities will expand. As agencies begin to see experience data from performance in (sic) HMOs, they may go to a less expensive type of employee, such as the LPN.
- Fewer LPNs in acute care settings; more in extended care settings where they won't be able to use nursing assistants because of the level of care needed.
- Hard to tell at this time because of DRGs. At this facility (long-term care), intermediate care is provided and an extra LPN is needed for each shift.

Effects of legislation on LPN salaries

- Only after productivity and cost effectiveness have been measured will increases be decided.
- Supply and demand will determine this.
- The issue is union versus non-union.
- Salaries will have to increase because LPNs will be more in demand and employers will have to compete.
- As LPNs take on more responsibilities, their salaries may be brought upward.

- Most hospitals (of relative size) tend to be competitive with each each other. Little effect on salaries. Rather, decreased patient days will mean decreased patient census and fewer available positions. However, salaries will remain in a competitive environment.
- Only according to cost-of-living increases and demand.
- Don't know, but salaries should be increased in proportion to the job responsibility; e.g., intermediate care area is somewhat less highly paid than skilled care area and a "pay ladder" is used.

Other anticipated effects of legislation

- Staff retrenchment: not so much with LPNs (who are local people), but RNs have a high turnover (they don't like the small-town life). Might use incentives, such as education reimbursement or savings bonds, to get RNs to stay in the area.
- Increase of outpatient services.
- Low staff turnover.
- Less demand for LPNs because of RN supply.
- Overall, LPNs are protective and lack growth potential. The LPNs "feel" their limitations and feel they do not have their own "personality."
- More skilled employees, such as certificated technicians.
- Contract negotiation.
- Don't stop LPNs from doing what they are trained to do; e.g., IVs and gavage feeding.
- Other changes will come only with a change in the Nurse Practice Act; for example, IV therapy (especially with older patients) and suture removal (currently done by house staff of doctors), although this is done in Maryland by LPNs.
- Well supplied with LPNs. Willow Street AVTS (of the Lancaster County AVTS system) graduates about 100 LPNs a year--and may be cutting back in enrollment.
- The effects of current legislation have created a "very gray area."

Respondents were next asked to share their agency's perspective, or position, in regard to staffing now (Spring 1984) and over the next five or six years, as related to LPNs, professional nurses (RNs), and unlicensed nursing personnel (aides and/or orderlies). Two expressed uncertainty:

- The hospital is now monitoring the percent of occupancy closely; this can be seen to decrease slowly. The hospital has recently insituted a home care program (with a director, one RN, and one health care specialist). As more referrals come and home care becomes more popular (due to DRG-related effects), there will be shorter in-hospital time and there will be more patients (released from) ambulatory surgery. If the hospital's rate of occupancy continues to drop, the hospital will look at other areas of outpatient care and begin to shift staff to that area.

. Will have to decide, first, how many LPNs are needed and, second, how many aides: may mean changing numbers.

Other responses are shown in Figure 4.

Figure 4

HEALTH CARE AGENCY STAFFING OUTLOOK
(EMPLOYER INTERVIEWS)

Agency Employees	Current Staffing Perspective/Position	Staffing Perspective/Position to 1990
Licensed Practical Nurses	Changing to meet Medicare standards. Same as now (2) Cut in staff last year because of legislated level. Currently fully staffed.	More LPNs to replace nurse aides. Changes related to home health care and interim care. New LPNs only with change of personnel. Increase in numbers of residents will require increase in staff. Hard to make 5-year projection: there is currently no reliable experience factor (in relation to the effect of DRGs).
Professional Nurses (RNs)	Much more patient care and patient assignment. Growth period is over. Controlled by State regulations; will stay the same as long as the State says so. Management corporation controls the decisions. Cut the RN staff. Just one RN (daytime). Three to four percent increase.	Will need more. Fewer charge nurses. Modular nursing; for example, medical service for 15 patients will require: Shift RN LPN 7 - 3 2 2 3 - 11 1 2 11 - 7 1 1 With planned facility expansion, will need one per shift. Increase, based on patient classification acuity and the DRG.
Unlicensed Nursing Personnel	Some aides used. Not replacing aides who leave. Cuts in number of aides. 64 currently employed for a 1:4 ratio. Decreasing.	Nurse aides will be cut; we will have to pay unemployment and it will be more expensive. Increase in number, keeping the 1:4 ratio (which is twice the ratio required by the State, or 1:8). No patient assignments; will help out with bathing/washing patients, bed making, and passing water. Nurses aides will have levels and certification. Decrease will continue.

As was discussed in Chapter III, the current practice in setting salaries for Licensed Practical Nurses is, generally, based on a rule-of-thumb that LPNs are paid about 75 percent of what is paid to Registered Nurses. Regional differences exist in the actual amounts. People interviewed at the ten health care agencies were asked a series of questions that sought to investigate whether change was anticipated. The first question asked, "What influence, if any, do you feel the supply/demand ratio of LPNs has, or will have, on salaries paid to LPNs?" Predictions of the eight persons who responded to this item were:

- Here, the supply will not make a difference.
- Have hired no new LPNs since 1983; cannot answer.
- The salaries would be lowered if the supply exceeded the demand.
- Salaries will have to increase.
- LPN salaries go by regional average; in this area, LPN salary is about 65 percent of RN salary.
- None.
- No effect.
- In Centre County, the vo-tech turns out many successful candidates and people are staying on their jobs longer: there is a good supply, and this has a negative effect on salaries.

When asked, "Do you foresee any changes in the conditions affecting salaries for LPNs?" four respondents made predictions:

- Salaries will be higher in the future.
- Salaries will not go down. If there is a good supply of LPNs, salaries will move with the salary structure of the institution in general. A shortage of LPNs would increase salaries.
- Projected facility expansion (at an ICF/MR) will result in a larger budget for the larger facility. LPN salaries will stay "in sync" with what everyone else is paying in order to get the better nurses.
- If they assume more responsibilities, the LPN wage would go up.

Licensed Practical Nurse salaries varied among the ten institutions visited, from an entry-level $5.00 per hour to a maximum of $10.00 per hour. Generally, acute care facilities in urban areas paid the highest salaries, both at entry-level and at maximum. Nine of the agencies visited reported hourly wages, and one reported the monthly LPN salary. Figure 5 shows the variations in LPN wages in the ten agencies.

Figure 5

RANGE OF SALARIES PAID TO LPNs
(EMPLOYER INTERVIEWS)

Entry-Level LPN Hourly Salary	Increments	Maximum LPN Hourly Salary
$		$
5.00	(No response)	7.75
5.25	6 months, annually; January cost-of-living increase for past three years.	6.00
5.67	3 months probationary and yearly = .15¢/hour	6.38
5.75	15¢ every 6 months	No maximum
6.35	3 steps (merit)	7.10
6.54	3 steps; step 2 at one year	7.44
6.64	On merit	8.50
6.65	-	Based on cost-of-living
7.00	6 months, 1 year, yearly	10.00
(1,180/month)	Merit program, with 6 months and one year reviews	(1,320/month)

Only one of the institutions reported that no differential pay was offered for evening or night assignments. One reported a shift differential of 20 cents per hour, two reported 25 cents per hour, one reported 30 cents per hour, and one reported 40 cents per hour for these non-daylight shifts. One agency reported differential pay for those who work as "bed nurses" or as "team leader" on the day shift.

The balance of the items on the interview guide sought information related to the quality of Practical Nurse education in Pennsylvania.

Only one respondent replied affirmatively to the question, "If you employ, or have employed, LPNs who were educated/licensed in other states and have endorsement into Pennsylvania, do you feel there is any difference in the quality of training between Pennsylvania schools and these other states?" This respondent, who represented an urban acute care facility, stated that the "differences" depend on the program, having noted a need for more intense attention to pharmacology, more clinical experience, and more theory. Three others, although they reported no feelings of difference in quality of training, offered the following comments:

- Have few out-of-state people, and these people already had work experience when they were employed here; cannot judge effects of training.
- At my own program (out-of-state university-based LPN program, mid-1950s), had greater emphasis on surgery and meds administration. Had four clinical sites (e.g., drug program, psych ward) which gave a lot more experience.
- Any differences would be individual to the person rather than to the school. However, having worked with both AVTS graduates and two-year associate degree graduates, have found that AVTS graduates could test at least as well as the two-year students.

When asked to comment on the strengths of Pennslyvania's Practical Nursing programs, seven responses addressed strong clinical skills, as can be seen in the following statements regarding areas of strength:

Clinical

- Clinical training
- Level of observation and charting is excellent.
- Clinical skills
- Clinical training very good
- This institution tries to give good clinical experience.
- The career ladder program and staff at Danville produces LPNs who are "further advanced": they are more flexible and know more, perhaps because of Danville's Tech I/II program. The LPNs from Danville and Williamsport Area Community College do not require a lot of orienting. They also have had a well-rounded clinical experience background.
- Students from York County AVTS gain a lot of their clinical experience at this hospital. When they are employed here, they already are familiar with the hospital. Very pleased with York County AVTS graduates, many of whom get perfect scores on the State Board examination.

General

- Good programs (Hanover School District and York County AVTS); LPNs have all done a good job.
- From the geriatric care viewpoint, they seem to be strong in all areas.
- State support to the programs means maintaining a good supply: you know you'll have the LPNs when you need them.

Theory

- More theory given than in the past. This institution gives a medications test before employing LPNs: they have scored 90 percent or better.

Likewise, those interviewed were asked if they wished to identify weaknesses of Pennsylvania's Practical Nursing programs. As shown in the following, seven people noted observations regarding program content:

Program content

- More pharmacology: day and evening shifts pass medications for eight hours a day.
- Medications - weakest area.
- More medications
- Pharmacology
- Geriatric skills
- One of the major drawbacks is the age of some LPNs (their youth) in dealing with the multiple problems of geriatrics. Programs need to emphasize geriatrics and problems of aging.
- Need for specialty areas for LPNs; they could do the work but have not had the training.

Program management/quality/scope

- Standardize programs so that employer knows what to expect in the skill level.
- Legislation restricts LPNs from being able to do what they are taught to do: e.g., IV, gavage feeding.
- Some programs are sometimes forced to take candidates who are not capable. Tighten the admissions criteria. Not everyone is capable of being an LPN.

Clinical experience/patient teaching

- Lack of clinical experience in, for example, drug programs, psychiatric wards.
- More skill in teaching patients: the LPN has to be able to teach the patients.

Management/communications

- Communication skills
- Management skills

Lack of confidence (1)

Other

- The time intervals between when PN graduates finish the program and take the State Board test and receive the pass/fail results is about six to eight weeks: the hospital is taking a chance on hiring them during this interval.

The last interview question asked, "Do you have any other comments you think would be helpful to Practical Nursing programs or students in Pennsylvania?" Six of the comments addressed program quality, scope, or management:

Program management/quality/scope

- Faculty of the LPN schools need updated.
- Limit the classes.
- Arrange career ladder opportunities (LPN to associate degree to baccalaureate).
- Look at California, regarding the career ladder concept.
- Would like to see certification, for both LPNs and RNs, for areas of specialization (med-surg, geriatrics, etc.).

Program content

- Now, with primary care plans, LPNs are being given a course ("Medication" course for LPNs, taught by the hospital's inservice director) so that they can now give medication.
- Need more on legalities, especially in regard to nursing assessment (importance of documentation); medication (pharmacology); patient teaching (discharge teaching as well as while in hospital); care plans; home care (due to DRGs).

Clinical experience

- Continue clinical experience as it is.
- PN clinical should include two weeks in a children's MR facility; should be a part of each program so that all LPNs will be able to deal with similar patients in other settings, such as in an acute care facility.

Communications/management skills

- Communications are important.
- Organization of time: knowing how to work with five or six patients.

Other suggestions

- Associate degree with two levels of nursing--technical and professional.
- Practical Nursing is a good program for single parents because of the one-year program.
- There is a need to be served by this level of nursing: Practical Nursing programs should be continued.
- Degree programs for RN are not teaching direct patient contact: they have all theory and no experience with patients.
- Insurance companies will only pay for home health care for the RN (for a certain number of hours) and Nurse Aides. There are not enough RNs in the area (Centre County) to provide the care. Therefore, need to include LPNs in coverage plans.

CHAPTER VI

SUMMARY AND CONCLUSIONS

This study, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program, was conducted by the Department of Vocational Education of the University of Pittsburgh to investigate the impact of Practical Nurse programs sponsored in 41 public-sector schools in Pennsylvania during Fiscal Years 1979-80, 1980-81, and 1981-82. The purpose of the study was to assess the impact of the programs in order to prepare recommendations for future management of activities: the continued need for the State's Practical Nurse program as originally perceived by the Department of Education, Bureau of Vocational Education, has never been verified or refuted.

Forty-one public sector schools were included in the study: two community colleges, six school districts, and 33 area vocational-technical schools, all of which sponsored Practical Nurse programs during the course of the study years. Thirty-eight of these programs were in operation during the first year of the study (FY 1979-80); two were added in FY 1980-81, and one more was opened in Fiscal Year 1981-82.

A comprehensive study of practical nursing by the U.S. Department of Education resulted in the 1946 George-Barden Act which made federal funds for Practical Nurse programs available to vocational education. In 1947, six programs were opened in public-sector schools in Pennsylvania, funded through the Department of Vocational Education with federal monies. In FY 1984-85, there are 50 Practical Nurse programs in the state; however, federal monies have been supplanted by State monies. All Practical Nurse programs in the State, including those under the jurisdiction of the Bureau of Vocational Education, must meet guidelines established in "Rules and Regulations of the State Board of Nurse Examiners for Practical Nurses," which is in accordance with Practical Nurse Law of Pennsylvania (63 P.S. Para. 651 - 667), an Act that established standards for the education of Practical Nurses and the practice of practical nursing. The State Board is responsible for "promulgating rules and regulations which establish standards for practical nursing programs and for the conduct of such programs." The Board is authorized to approve basic Practical Nursing programs conducted in hospitals, community colleges, universities, and public school districts and vocational education programs that are under the Department of Education. The board is charged with regulating the practice of Practical Nursing as well as licensure of graduate Practical Nurses. A Board-approved curriculum must include a minimum of 1500 hours, offered within a time period of not less than 12 months. A minimum of 40 percent of the total curriculum is recommended to be theoretical and the remaining 60 percent to be in "appropriate clinical experience." Total hours of theory and clinical experience should be planned on a 35-hour week basis. General curriculum requirements are based on the concept that practical nursing is an integral part of all nursing (Pa. B. Doc. No. 73-894, filed July 1, 1983). Changes to an approved curriculum must be approved by the State Board, following a prescribed procedure based on a valid rationale for change. Approval of curriculum change, like approval for program operation, must show response to health care needs of the locale as well as the state and accepted nursing practice. Periodic evaluation of each Practical Nurse program is required of the State Board of Nurse Examiners for Practical Nurses as well as by the Pennsylvania Bureau of Vocational Education.

Thus, the focus of this study was not to evaluate the 41 programs of interest. The focus was, rather, to assess the impact of these programs in terms of the following objectives:

1.0 To determine the extent to which the program has been a factor in managing the supply of Licensed Practical Nurses.

2.0 To determine the extent to which the program has been a factor in improving the quality of Practical Nurse training.

3.0 To determine the effect the subsidy had on tuition rates.

4.0 To determine the present employment situation for Licensed Practical Nurses (LPNs).

5.0 To determine the projected need for LPNs in the Commonwealth of Pennsylvania.

6.0 To determine whether/to what extent the supply/demand for new graduate LPNs has influenced the salaries paid.

7.0 To determine the placement rates for LPNs and for those who received tuition assistance (for the various regions within the Commonwealth, and for all graduates in Pennsylvania); and National placement rates.

8.0 To determine mobility habits or trends for all students supported by the program and for welfare students.

9.0 To determine the failure rates of the state examination (for licensure) for all graduates and for welfare students.

Methods

In November 1983, the study team met with members of the staff of the Pennsylvania Department of Education's Bureau of Vocational Education and the Research Coordinating Unit to review the intent and procedures of the study. A review of the literature was begun and survey instruments were developed for the reaction and approval of the State staff. Because of the need for a broad investigation, as implied by the stated objectives of the study, six separate survey populations were identified. A questionnaire was developed for each of the six groups, and, in order to more fully explore impact issues, an interview guide to be used for on-site visitations was developed for three of these groups. Data collection instruments were designed for computer analysis and hand tally. Data collection began in March 1984 and continued through June 1984.

Questionnaires

51 questionnaires (one to each state and the District of Columbia) were mailed to State Supervisors/Specialists - Health Occupations; 20 responses (39 percent).

51 questionnaires (one to each state and the District of Columbia) were mailed to Executive Secretaries of State Boards of Nurse/Practical Nurse Examiners; 40 responses (78 percent).

(The combined total of responses from State Supervisors and State Board Executive Secretaries represented 42 states, or 82 percent of the 51 political jurisdictions to which questionnaires were sent.)

41 questionnaires (one to each of the 41 schools in which the programs of interest were sited) were mailed to school administrators; 37 responses (90 percent).

41 questionnaires (one to each of the 41 programs of interest) were mailed to Practical Nursing Program Coordinators; 40 responses (98 percent).

2,273 questionnaires (at least ten percent of the graduates of programs during each of the three study years, using addresses supplied by 39 of the 40 responding PN Program Coordinators) were mailed to graduates of the Bureau of Vocational Education's Practical Nurse Programs; 251 (11 percent) were returned "addressee unknown," or undeliverable; 1,082 usable responses (48 percent of total mailed; 54 percent of total delivered).

201 questionnaires (from Department of Health Directories and "employers of graduates," as supplied by the 40 responding PN Program Coordinators) were mailed to acute care facilities, long-term care facilities, private physicians/physicians' groups, and other likely employers of LPNs; seven were returned as "addressee unknown," or undeliverable; 63 responses (31 percent of total mailed; 32 percent of total delivered).

Interviews

The interview sample was selected to representative of six sectors of the State: northwest, southwest, north central, south central, northeast, and southeast. Randomly selected from within each sector were: one Practical Nursing Program Coordinator; two health care facilities (long-term care and acute care facilities); and three Licensed Practical Nurses at each health care facility. Efforts were made to encourage the health care facility administrator with whom the appointment was made to select LPNs who were graduates of the PN programs during the years of interest to the study. Two administrator interviews were cancelled due to illness. Some health care facilities administrators scheduled more that three LPNs for interviews.

Findings of the Study

This section contains summaries fo the findings, as reported by the groups which were surveyed and interviewed. It also reports data included in the "Background" information in order to sketch the framework of the health care environment in which Licensed Practical Nurses provide services.

Background

Pennsylvania's 1980 resident population of 11,866,726 is expected to experience slow but continued growth through 1985, or a 1.7 percent increase to 12,070,730, according to the State Health Plan, 1982-1987, which was issued through the Pennsylvania Statewide Health Coordinating Council designated under P.L. 93-641, the National health Resources Development Act of 1974, as the second of a series of trienniel Statewide plans. Pennsylvania has a great diversity of rural and urban areas. Philadelphia County, Delaware County and three neighboring counties are considered to be 90 percent urban, making the area the most urban in the State. In this area, in 1980, there were 1,646 persons per square mile, as compared with a statewide average of 263 persons per square mile. The percent of persons dependent on public assistance in 1981 was highest in this southeastern area (10.9 percent), while the state average was 6.9 percent. The median age for a resident of Pennsylvania in 1980 was 32.1, as compared to the U.S. median age of 30.0 years. About 30 percent of the resident population were 19 years or younger in 1980, about 40 percent were age 20 to 49, about 17 percent were 50 to 64, and 13 percent were 65 years of age or older. "The problems of an aging population are increasing because the person aged 65 in 1978 may expect to live another 17.7 years compared to 14.6 years in 1970" (State Health Plan, p. 20). By 1982, about 90,000 adult Pennsylvanians were being cared for in nursing homes or other institutional settings. The majority of these were over the age of 65. The number of persons 65 and over in the United States has increased 600 percent since 1900. One-third of these are over 75, and one out of five will eventually spend some time in a nursing home. The resident death rate of 10.0 per 1,000 resident population in 1979 exceeded the live birth rate (6.9 per 1,000 residents).

About ten percent of the population can be expected to need secondary health care (hospitalization) during a year. The acute care needs could be met in 231 facilities (as of June 30, 1980), and about one-half of these institutions were located in Philadelphia and Pittsburgh areas. The 1978 National Guidelines for Health Planning, issued by the U.S. Department of Health and Human Services, recommended that 4.0 beds per 1,000 population be the standard ratio of beds in general acute care facilities, including obstetric, neonatal intensive care, and inpatient pediatric services as well as specific diagnostic and medical-surgical services. The 1981 ratio in Pennsylvania was 4.61. There were 54,667 acute care beds, 1,959,714 admissions, and 15,784,987 patient days, with an average length of stay of 8.06 days and an occupancy rate of 80.0 in Pennsylvania's hospitals in 1981. The National Guidelines for Health Planning allowed deviations from the 4.0 bed ratio which would make exceptions in Pennsylvania allowable, due to the rural nature of the Commonwealth, its great medical centers (which draw out-of-state patients), and its elderly population.

Post-acute care may require a significant level of medical supervision and services, with an average length of stay ranging from a few days to several months. In many cases, there was considered to be "inappropriate" use of acute care beds by the elderly, who could not be discharged from the hospital until arrangements could be made for appropriate post-hospital care. The resulting surge of charges upon the national Medicare and Medicaid programs resulted in the federal requirements to change from a hospital reimbursement system to one of prepayment based on Diagnosis Related Groups, or DRGs, effective across the nation October 1, 1984. As a result of the DRG system, hospitals have been reorganizing not only their patient-care projections, but, in some instances, their facilities utilization and/or staffing patterns. Long-term care facilities for skilled and intermediate care have increased in the recent past, in anticipation of DRG implementation, as has the number of institutional nursing home services for the elderly. As of January 1981, over 47 percent of the 598 long-term care facilities in Pennsylvania were certified to participate in the Medicare Program and 91.3 percent were certified under the Medicaid Program. Persons who require long-term care may be enrolled, privately or with the assistance of public funds, in a long term facility. Long-term care institutions provide various levels of care (maintenance and personal or nursing care) to people who are not able to care for themselves. They may have health problems ranging from minimal to very serious. Other patient-care alternatives are emerging rapidly. Home health care and the provision of other in-home services will enable physicians to discharge patients as early as medically possible and facilitate an individual's ability to remain in the home and avoid or delay institutionalization.

In 1981, the median age of nursing home residents 18 years of age and above was approximately 80 years. Almost one-third of the 59,349 residents were over the age of 85. There were also 11,684 beds in 27 psychiatric hospitals, with an occupancy rate of 83 percent and an average length of stay was 176 days. In 1979, there were 345 other nonhospital facilities in the Commonwealth: specialized care was provided in 33 facilities for the emotionally disturbed, 86 for the mentally retarded, 83 for substance abusers, 92 for dependent children, and 51 other inpatient facilities for specific conditions. Rehabilitation programs and hospice care offered services to increasing numbers of residents.

Since the 1970s, primary care, which may be delivered in a general practitioner's office, the emergency room of a hospital, at an outpatient clinic, or any of a variety of group practice organizations, community health centers, or hospital-based family centers, has increased markedly. Federal programs were created to provide resources for the development of nonprofit primary health care services, typically providing medical services for low-income people, especially in rural and inner-city areas.

The health care "industry" is the second largest in Pennsylvania (exceeded only by governmental employment), requiring the services of a large variety of skilled professionals. Those professionals who provide direct patient care are licensed by the State: physicians, Registered Nurses, and Licensed Practical Nurses. According to a statewide survey conducted during 1977-79, 77,771 Registered Nurses who responded said they were actively employed and 24,377 Licensed Practical Nurses said they were actively employed. (Both groups, each with a 92 percent response rate, were surveyed from the total holding current licensure.)

Nurses are currently prepared through four levels: approved Practical Nursing programs, conducted in hospitals, community colleges, universities, and public school districts and vocational education programs that are under the Department of Education; and three types of approved Registered Nurse programs, including the diploma program conducted in hospitals, the Associate Degree in Nursing (ADN) program conducted in community colleges (less-than-four-year institutions), and the baccalaureate degree program (Bachelor of Science in Nursing, or BSN) conducted in four-year colleges or universities. The "1985 Proposal" of the American Nurses Association (ANA) proposes that two levels of nursing replace the current four-level structure: the technical nurse whose education would lead to the ADN, associate degree, and the baccalaureate degree (BSN) nurse who would be responsible for supervisory functions.

Practical Nurse programs in Pennsylvania's public-sector schools currently have articulation agreements with institutions of higher education to enable graduates to receive credit for their nursing education and apply this credit to advanced standing toward an ADN or BSN degree. According to 1980 data, 875 of the 16,666 students who were enrolled in Registered Nurse programs (diploma, associate degree, and baccalaureate degree) had been previously educated at Practical Nurses: 270 were enrolled in diploma programs, 548 in associate degree programs, and 57 in baccalaureate degree programs. Nursing school costs at all levels have increased sharply in Pennsylvania since the National League for Nursing conducted a statewide survey of costs in 1979-80. At that time, the average total tuition costs, not including the cost of room and board, were: $3,422 for a diploma program of 24 to 33 months ($2,426 average annual tuition); $2,216 for an associate degree program of two years ($1,108 average annual tuition); and $11,952 for a baccalaureate degree program of four years ($2,988 average annual tuition).

Nurse education programs must compete with other programs to fill their rosters. Nurse educators must have the ability to attract a diverse population to ensure an ongoing supply of enrollments:

> . . . The future may well depend on attracting greater numbers not only of new high school graduates to the established generic nurse education programs, but also of people in older age groups looking for a career change, and other nontraditional students for whom more flexible types of programs may be needed. . . . All education programs that prepare students for registered nurse licensure and for practical nurse licensure have unrealized potential for attracting nontraditional students. Although nurses' salaries are low in comparison with many professions, there are offsetting attractions. The practical nurse programs or the associate degree (AD) programs offer opportunities for people who can afford only a 1- or 2-year investment in education. Nursing has had historically high employment rates. . . (Nursing and Nursing Education).

Financing the tuition for enrollment in Practical Nurse programs, like other programs for nursing education, is eased for students when the program is accredited by either the National League for Nursing, Inc. or the National Association for Practical Nurse Education and Services, Inc. Program accreditation certifies that an institution has met established standards and has met established criteria for professional certification, licensure, and for upgrading courses offering such preparation. Accreditation of the program constitutes one of several considerations used as a basis for determining a student's eligibility for Federal assistance. (This privilege is extended to students enrolled in such programs if they meet the criteria established for the particular financial pool.) Other forms of student financial aid have been the Comprehensive Education and Training

Act (CETA), now replaced by the Job Partnership Training Act (JPTA), wherein tuition is prepaid for the student.

During years pertinent to this study (FY 1979-80 through 1981-82), Practical Nurse programs could receive reimbursement through the Department of Education (Section 2508.3 of the Pennsylvania Public School Code, Act 280, effective July 31, 1968) for bona fide public assistance students who were initially cleared through the local office of the Pennsylvania State Employment Service. Original reimbursement limits were: (1) 100 percent of the tuition for bona fide public assistance students and (2) advance operating funds for 2508.3-eligible programs, on a scheduled reimbursement basis of up to 75 percent of the approved reimbursement during the period of the project. The 75 percent reimbursement was reduced to about 65 percent by the third year of the study (1981-82). (By 1984-85, the guidelines were amended to cover 36 percent of the non-JPTA students in the program.) Students were charged tuition on their share of the nonreimbursable portion of the approved 2508.3 budget. Approved State 2508.3 funding for PN programs in AVTSs and school districts totaled $3,714,527 in 1979-80, $3,977,963 in 1981-82, and $4,160,679 in 1981-82. (These are the "approved" figures and do not represent actual expenditures.)

In 1979-80, 2,501 students were enrolled in Practical Nurse programs in 38 public-sector schools, from which 2,343 were graduated and 95.4 percent achieved Practical Nurse licensure at their first attempt.

In 1980-81, 2,659 students were enrolled in Practical Nurse programs in 40 public-sector schools, from which 2,340 were graduated and 96.6 percent achieved Practical Nurse licensure at their first attempt.

In 1981-82, 2,787 students were enrolled in Practical Nurse programs in 41 public-sector schools, from which 2,441 were graduated and 94.2 percent achieved Practical Nurse licensure at their first attempt.

Graduate Practical Nurses (GPNs) may be employed to perform nursing functions, under the direct supervision of an experienced Registered Nurse, for one year only from the completion of the program. Practical Nurses employed as GPNs (Graduate Practical Nurse) earn salaries lower than those of entry-level Licensed Practical Nurses, who are paid about 75 percent the amount paid Registered Nurses. Salaries vary, according to geographic location, type of employment setting, years of service, and shift differential; i.e., LPNs employed in urban acute-care facilities are generally paid higher salaries (or hourly wages) than those employed in long-term care facilities and rural settings. Nationally, in 1980, LPNs were paid $12,500 annually by hospitals, $11,400 annually by nursing homes, and $8,952 annually by Federal hospitals. (Benefits are not included in these figures.)

Nationally Distributed Questionnaires

Of the 42 states represented by the responses of 20 State Supervisors/Specialists of Health Occupations Education (in the various State Departments of Education, divisions of Vocational/Adult Education) and 40 Executive Secretaries of the State Boards of Licensure for Practical or Vocational Nursing, ten states said their Practical Nurse programs were under Basic Education for the state, the balance being in adult postsecondary settings (higher education) or hospitals or proprietary schools. In 1984-85, Pennsylvania's 55 Practical Nurse programs were distributed as follows: 41 under Basic Education, nine in higher education (adult) institutions, and five in private settings.

The number of graduates, nationally, from all school settings varied, according to the number of programs in the state. In reporting states similar to Pennsylvania in population or the mix of urban and rural distribution of population, the number of 1982 graduates were shown as: 2,365 in Florida; 1,849 in New York; 4,846 in Texas; and 2,200 in Ohio. In Pennsylvania, 2,343 Practical Nurses were graduated in 1979-80; 2,340 were graduated in 1980-81; and 2,441 were graduated in 1981-82.

Pennsylvania ranks seventh in the percentage of Practical Nurse graduates who pass the State licensure examination at the first attempt. During the study years, the statewide average for public-sector schools was: 95.4 percent in 1979-80; 96.6 percent in 1980-81; and 94.2 percent in 1981-82. Nationally, the three-year rates ranged from a low of 55 percent in one state for one of the three years to a high of 99.4 percent (Maine) in one year.

Average placement rates were provided for 18 states. One state reported an average annual placement rate of 80 percent, and the highest, other than Pennsylvania, was 98 percent (Kansas). Pennsylvania's placement rates during the study period were: 96 percent in 1979-80; 98 percent in 1980-81; and 96 percent in 1981-82.

Thirty-seven State Supervisors or Executive Secretaries wrote of changes that they anticipate in Practical Nurse program content or emphasis through 1990. Eleven of these addressed effects of DRGs, which point to a greater need for geriatric nursing skills, rehabilitation nursing skills, and home care skills. Also addressed was a need for greater emphasis on pharmacology, patient assessment, and IV (intra-venous) therapy. Both lengthening and shortening Practical Nurse program duration were mentioned.

Only five percent anticipated that LPN/LVN employment would increase over the next five or six years. Fifty-one percent felt it would "stay about the same" and 44 percent felt employment would decrease, again reflecting the uncertainty related to the effects of DRGs.

Two percent of the responding State personnel expected Practical/Vocational Nursing program enrollment to increase. Respondents were equally divided in their answers of whether they expected enrollment to "stay about the same" and "decrease," with 49 percent recorded for each of these answers.

Pennsylvania Public-Sector School Personnel

Responses were received from administrators in 37 of the 41 schools in which the Bureau's Practical Nurse programs were located during the study years and from 40 of 41 Practical Nurse Coordinators, for response rates of 90 percent and 98 percent, respectively.

Thirty-eight school administrators were asked to report program costs for FY 1979-80, 1980-81 and 1981-82. Of the three schools not in operation for all three years of study interest, two reported for their years of operation (1980-81 and 1981-82), and the third reported for just one year (1981-82), its first year of PN program operation. Thirty-five schools reported costs for 1979-80, 1980-81, and 1981-82, and in only one school did programs costs decrease over this period, a decrease of $1,345, or minus two percent. In 34 schools, over the three-year period, cost increases were: ten percent or less in seven schools, 11 to 20 percent in nine schools; 21 to 30 percent in six schools; 31 to 40 percent in four schools; 41 to 50 percent in five schools; 53 percent in one school; 76 percent in one school; and 87 percent in one school.

Of the 29 schools for which three years of vocational education program subsidy was reported, only one received a greater percent-of-cost in 1981-82 over 1979-80 (plus three percent) and one received the same percent-of-cost all three years (75 percent). Twenty-seven schools experienced a decrease in percent-of-cost funding from 1979-80 to 1981-82: a decrease of

17 to 21 percent-of-cost in three schools and a decrease of six to eight percent-of-cost in three schools. The majority, 22 schools, experienced a percent-of-cost funding decrease of ten to 15 percent. Total percent-of-cost vocational education funding received ranged from a low of 20 percent to a high of 77 percent in the 34 schools for which funding data were reported. Program costs, as reported by (or extracted from State records for) 40 of the 41 public-sector schools for the three years totaled $17,253,126. [Thirty-four schools (over this same three-year period) received $10,221,509, as reported by school administrators.]

In 1979-80, 17 schools reported having received $491,109 in 2508.3 reimbursement. Section 2508.3 funds to 18 schools in 1980-81 totaled $563,285, and 18 schools said they received $543,182 in 1981-82. Over the three-year period, the 2508.3 payment to 21 schools totaled $1,597,576, as reported by school administrators.

Over the three-year period, 16,291 persons applied to enter the 41 Practical Nurse programs, and 44 percent of all applicants (or 7,098) were accepted for enrollment. Actual enrollments during this period were 7,947 (some of whom may have been re-entries, who had temporarily discontinued previous enrollment). Of the three-year total enrollments, 1,185 persons, or 15 percent, were "welfare" students. (Data were not collected on those enrolled through CETA or other public service agencies, but only on those for whom 2508.3 funds were requested from the State through vocational education; e.g., Section 2508.3.)

Operating costs per student were reported for 31 schools for the three-year period. Six schools experienced a decrease (from 0.8 percent to 27 percent), one school reported no change in operating costs per student over this three-year period, two schools showed less than one percent increase, and one school showed a six percent increase. In the other 21 reporting schools, increases were from 12 percent to 150 percent. (Reporting schools were not asked to define the conditions that affected operating costs.) In 1979-80, actual program costs (operating costs) per student were shown as a minimum of $400 and a high of $3,139. By 1981-82, the minimum cost per student was reported as $700, and the top cost was more than $3,400.

Tuition costs to students increased from 1979-80 to 1981-82 from between 12 percent to 499 percent, with only one school showing a decrease (five percent); one school showed no change over the two-year interval. In the 22 schools for which 2508.3 reimbursement was reported for "welfare" students during the three-year period, the two-year interval increase varied greatly; only one school showed a decrease (five percent in Pittsburgh, which was the same as the five percent tuition decrease applicable to non-welfare students).

Over the three study years, 6,155 students completed the Practical Nurse programs in 40 schools, and 14 percent of these were welfare students. Three percent were men. Practical Nurse Program Coordinators were asked to report the numbers of successful first-time takers of the State Board examination. Graduates of the 41 public-sector schools who successfully completed their first attempt totaled 1,785 in 1979-80, 1,910, in 1980-81, and 2,063 in 1981-82; total successful licensure attempts for the three-year period was 5,758, ten percent of whom were welfare recipients (590 reported as "2508.3").

In only five of 39 reporting programs was the three-year placement rate for PN graduates less than 80 percent, all in areas of economic depression or high unemployment: Greater Johnstown AVTS, 52 percent; Wilkes-Barre AVTS, 69 percent; Hazleton AVTS, 74 percent; Bucks County AVTS, 75 percent; and Reading-Muhlenberg, 77 percent. Twenty-three programs had 95 percent or higher placement rates, and 12 programs reported 100 percent placement for the three-year period. Of the 1,622 placements in 1979-80, 252 (16 percent) were welfare students; of 1,770 in 1980-81, 270 were welfare (15 percent); and of 1,961 in 1981-82, 251 were welfare (13 percent). The overall placement rate for the 39 schools that reported three-year placement was 90 percent, or 5,436 of 6,048 Practical Nurse program graduates, and, of these, 791 (15 percent) had been recipients of Section 2508.3 (welfare) subsidy.

Graduate follow-up is currently performed at varying times, with some programs surveying graduates "four and nine" months after graduation, some at "four and six" months after graduation, and others one year or two years or three years after graduation. According to data provided by Program Coordinators, the "most recent follow-up" data returned by 2,098 Practical Nurse graduates showed 1,977 employed in Pennsylvania and 121 employed out-of-state. Interpretation of the data showed 1,232 employed in acute care facilities such as hospitals and other primary care facilities, 495 employed in long-term care facilities such as nursing homes or ICF/MR facilities, 55 employed in physicians' offices (either private or group practices), and 96 working as private duty nurses. Eighty-eight graduates were employed in "other" settings, including rehabilitation facilities, schools, etc. Thirty-nine were reported as "not employed," and for 243, the type of employer was not reported.

Eighteen Coordinators (45 percent) felt that opportunities for LPN employment would stay about the same as they were at the time of response (Spring 1984). Six Coordinators (15 percent) felt that employment opportunities would decrease; all were from areas in the state which are experiencing high unemployment rates in 1984. Sixteen Coordinators (40 percent) felt LPN employment opportunities would increase through 1990. Several commented that this prediction was qualified, based on the fallout effect of the DRGs on employment in acute care facilities, but indicating that home health care or nursing homes or doctors' offices would be more likely places of employment.

Personal interviews with six Practical Nurse Program Coordinators provided more in-depth information. Among major issues were the changes related to a redirection of health care services brought about by the effects of DRGs and the growing number of elderly patients. These are expected to induce an "image" change of where health care takes place; i.e., a growing need for knowledge and skills related to caring for geriatric or post-acute patients in nursing homes and rehabilitation facilities as well as in home care situations. Curriculum changes were seen as necessary to incorporate greater emphasis on geriatric care as well as management and supervisory skills.

During the interviews, Coordinators also emphasized the need for program accreditation as an aid to students with limited financial resources. Accreditation was also seen as an aid to program articulation with diploma, ADN, and BSN programs. The State's 2508.3 funds were viewed, in those schools which received them, as a way for students to upgrade their status through the PN program when there were no JTPA (formerly CETA) funds available.

Each of the six PN programs used different strategies to fulfill the remedial needs of students. These needs were sometimes treated by the PN teaching staff, sometimes by school staff, and sometimes through outside related agencies. Math, grammar, spelling, and science were key areas where remedial treatment was needed. Computer usage was a new skill needed by Practical Nurses.

Coordinators' suggestions of areas where "outside" help would benefit the PN program and students included: student stipends; a "pre-program" and tutoring for PN students, featuring study, reading, and math skills; staff inservice on counseling and learning styles; and extended instructional time. Other suggestions included: a stricter selection process; cooperation with employers to "upgrade" employed graduates; and revision of the JTPA agreement to require students who do not complete the program to refund JTPA monies.

Practical Nurse Program Graduates

Of the 1,082 Practical Nurse graduates (from 39 of the 41 programs) who returned usable questionnaires, only one percent indicated that they had not yet achieved licensure. Of those who were licensed, 86 percent said they had taken and passed the State Board Examination within six months of graduation. Only 15 respondents said they had taken special preparation (beyond Program completion) for the licensure examination.

Graduates were asked to relate their current employment status. Eighty-nine percent (961) were "currently employed." Of those 116 respondents who said they were not employed, ten percent were in school, nine percent had been laid off, and 18 percent said there was no work available in the areas in which they lived. The remainder of the unemployed (seven percent of all respondents) were not working because of "personal reasons," which included full-time homemaker, etc.

Current occupations of the employed graduates were: Licensed Practical Nurse (94.4 percent); nursing-related or "other" health care occupations (2.7 percent); and "outside the health care field," which was reported by only 2.9 percent of all working respondents. Slightly more than one-half of all working respondents (about 51 percent) said they were employed in acute care facilities and 30 percent worked in long-term care facilities. Three percent were employed by physicians, about one percent in "clinics," and about five percent on short-term or private duty assignments. "Other" employment settings were listed by 11 percent of the working respondents: of the 87 people who listed their employers as "other," only six did not actually fall under the category of "acute care facility" or "long-term care facility." (Respondents elected, instead, to specify the type of setting in their own words.) Of the 1,019 respondents who were working as LPNs, 67 percent said they had had only one employer; 26 percent had worked for two employers; six percent listed three employers; and less than one-half of one percent had had four or more employers.

One hundred and five of the 151 respondents who said they were "currently" attending school identified their schools. Thirty-five people were attending 15 four-year colleges, 55 were attending 14 two-year colleges; 12 were attending eight hospital (diploma) programs; and three people said they were attending school in secondary-school settings. Those who attended out-of-state schools lived in areas close to State boundaries and locations of the out-of-state schools. One hundred seventeen people (77 percent of those in school) said they were enrolled in nursing programs (Registered Nurse), 13 people (nine percent) were enrolled in other medically-related programs, and 23 people (15 percent) were enrolled in programs that were not related to medical or health care. When asked to identify a career goal, the enrolled students gave the following kinds of responses: 82 percent intended to be "nurses"; six percent were preparing for some other type of direct patient care/contact occupation; and another three percent were enrolled in programs otherwise related to the health care industry. Only 14 people did not intend to work in the health care industry.

Respondents were asked to identify their status at the time of entry into the PN program. Nearly one-third said they had been students: 300 were recent high school graduates and 37 had been enrolled in some other postsecondary program. Thirty-four percent said they had been unemployed and 63 percent said they had been employed (at the time of enrollment); these include 365 people who had been seeking a career change and 313 who were seeking to upgrade themselves in the health occupations field. Sixty-one percent of the respondents said they had learned about the Practical Nurse Program from family or friends and 55 percent had "inquired at the school." About ten percent learned of the program from public assistance agencies or programs, and ten percent said they learned of the program through a newspaper. Thirty-eight respondents said they learned of the Practical Nurse Program from high school counselors or vocational education teachers.

When asked if they received financial aid to go to school for Practical Nursing, 442 people (41 percent) said that they had received aid. Seventy-five of these elected to list the source: 40 had sought loans; 27 were funded through some public agency; and eight received a scholarship or grant. Seventy-five percent of those who received financial assistance indicated that the aid was "essential" or "very important" to their schooling, and only four percent said they "could have found another way if they had to."

Respondents were asked about their future plans: 941 (97 percent) said they plan careers in health care, and, among these, 838 (77 percent of all respondents) plan to work as an LPN and 103 (ten percent) plan to work in some other area of the health care professions. Five hundred seventy-seven (53 percent) plan to attend school: 543 (50 percent of all respondents) want further training in the health care field, and 34 (three percent) will go into some other field. Only about nine percent of all respondents said "other plans" or "don't know" or "don't plan to work," the latter group representing only 0.4 percent of all respondents.

Graduates were asked to list the "one major comment" they would make to someone who is considering enrollment in a Practical Nurse program. The responses of 752 graduates were categorized as follows:

- Be committed; work hard. (229, or 30 percent)
- Go for the RN instead. (143, or 19 percent)
- Go for it! Give it all you've got. Glad I did. (78, or 10 percent)
- Use LPN as a career builder. (61, or eight percent)
- Be cautious: consider your needs and future. (58, or eight percent)
- Explore health occupations careers. (52, or seven percent)
- Select your program carefully. (28, or four percent)
- Don't do it! (26, or three percent)
- Satisfying employment for older graduates. (25, or three percent)
- Changes recommended for PN programs. (14, or two percent)
- Miscellaneous (financial aid and other). (38, or five percent)

Twenty-eight PN program graduates were interviewed, at their places of employment, to procure more in-depth information. All but eight completed their programs during the period 1979-80 to 1981-82. Ten people, who said they had found it difficult to pay the PN program tuition, procured PHEAA or personal loans, were aided by an agency, or went to a "tuition-free" program. Only eight of the 28 graduates felt they could have afforded the PN education if tuition had been "$2,500 to $3,000 per year."

Only one person had not achieved licensure: this Graduate Practical Nurse (GPN) had had difficulty finding a job ("Everyone wanted LPNs.") The 27 LPNs had experienced no difficulty finding jobs. Only three of the 28 people interviewed did not plan to continue (for the next several years) to work as an LPN. These three and five others said they intended to return to school to earn either "RN" or "BSN" or "beyond." Twelve people reported negative feelings about opportunities for LPNs in their geographic areas, ten had positive feelings, and seven were uncertain or had mixed feelings about opportunities.

Twenty of the 28 people interviewed said their overall feelings about their PN education were "very good." When asked to rate the programs they attended, eight said their programs were "excellent," 15 said "very good," and five said "good." None rated their PN education as "fair" or "poor."

Some of those who were interviewed elected to identify "weaknesses" in their PN education and were asked to suggest changes to remedy the weaknesses. These suggestions included a need for more curricular emphasis in pharmacology, nursing assessment, care plans, and patient teaching, as well as study related to nursing in intensive care, psychiatric, and mentally retarded units. Other areas reported to be in need of greater emphasis included management and supervision, trauma nursing, psychology, and more diverse clinical experience. A longer educational program was seen as a possible solution.

Health Care Agencies/Organizations

Two hundred and one health care agencies or organizations in the Commonwealth that were believed likely to employ Licensed Practical Nurses were selected to receive questionnaires. The selected sample was representative of acute care facilities, long-term care facilities, physicians and physicians' groups, and (temporary nursing) employment agencies as well as a few other selected samples of employers. Selections were representative of the six regions artificially defined in the State for purposes of sample selection. Of 201 health care agencies/organizations surveyed, administrators of nursing personnel in 63 of these agencies, or 31 percent of those surveyed, returned completed questionnaires. Twenty-five percent of these respondents were from Southwestern Pennsylvania and 19 percent were from Southeastern Pennsylvania, both of which are areas of high unemployment in the State. The percent of total responses from other geographic regions was about equally represented, with North Central Pennsylvania somewhat higher than the others, with 18 percent of total responses. Of the 63 responses, 28, or 44 percent, were from long-term care facilities, 22 of which were 149 beds or smaller in capacity; 23 (37 percent) were from acute care facilities, eight of which had 500 or more beds, six of which had 150 to 499 beds, and nine had 149 or fewer beds; two responses 37 percent) were from private health care groups or agencies, and ten (16 percent) did not specify the type of agency or organization.

Respondents were asked to indicate the patient-care ratios within the agency or institution. Thirty-eight agencies reported Registered Nurse-to-bed ratios, one-half of which said the ratio was one RN to 15 beds, or lower. Forty agencies reported LPN-to-bed ratios, and in one-half of these, the ratio is one LPN to ten beds, or lower. One-half of the 15 agencies that reported ratios of Nurse Aide/Orderly-to-bed said the ratio was one Aide/Orderly to nine beds, or lower.

Respondents reported the numbers of positions budgeted for Registered Nurses, Licensed Practical Nurses, and Nurse Aides/Orderlies. Fifty-one agencies reported the numbers of positions for RNs who have less than baccalaureate degree, and 47 percent of these said they employed ten or fewer RNs with less than a baccalaureate degree, 18 percent reported 13 to 30 such positions, 22 percent had 41 to 100 less-than-baccalaureate RNs, and 12 percent reported 276 to 500 such RN positions. Thirty respondents reported positions for one or two BSNs, 17 percent said there were budgeted positions for three to six BSNs, and 13 percent reported budgeted positions for 12 to 25 BSNs. Only 14 agencies reported budgeted positions for RNs who have masters' degrees: 78 percent of the respondents reported no RNs with master's degrees. Of the 56 agencies that reported the number of budgeted LPN positions, 52 percent said they budgeted for 14 or fewer LPNs, 37 percent said that their institution had budgeted positions for 15 to 40 LPNs; six percent budgeted for 46 to 64 LPNs; and seven percent budgeted for 91 to 205 LPNs. Of the 51 agencies that reported the number of budgeted positions for Nurse Aides and Orderlies, 55 percent said they had budgeted positions for three to 40 Nurse Aides/Orderlies, and 22 percent said there were budgeted positions for 51 to 60 Nurse Aides or Orderlies.

Fifty-three responding agencies reported full-time LPNs on the normal daylight schedule (usually 7 a.m. to 3 p.m.), and 49 percent of these scheduled from one to four full-time LPNs at this time. In addition, 35 agencies reported part-time LPNs employed for daytime, with 57 percent reporting one or two part-time LPNs on this schedule. Forty-eight agencies reported full-time LPNs on the afternoon shift (3 p.m. to 11 p.m.), and 48 percent of these employed from one to three full-time LPNs in the afternoon. Part-time LPNs scheduled for afternoon were reported by 44 agencies, 55 percent of which said they scheduled from one to four part-time LPNs on this shift. Forty-five agencies scheduled full-time LPNs for the night shift (11 p.m. to 7 a.m.), with 56 percent saying they employed from one to three full-time LPNs on this schedule; and of 26 agencies who scheduled part-time LPNs on this shift, 54 percent said only one person was employed part-time.

When asked how many new LPN employments they anticipated over the next few years (to about 1990), respondents, in approximately 75 percent of survey respondents' institutions, were less likely to make predictions for 1986 through 1990 than for 1985, reflecting the uncertainty related to the effect of the DRG system of prepayment on staffing patterns. Conversion of data reported by respondents indicates the following: 52 agencies said that a total of between 150 and 266 LPNs will be needed in 1985; in 1986, 48 agencies will hire between 146 and 246 LPNs; in 1987, 47 agencies will hire between 147 and 271 LPNs; in 1988, 45 agencies will hire between 129 and 245 LPNs; in 1989, 47 agencies expect to hire between 128 and 240 LPNs; and in 1990, 47 agencies anticipate that they will need between 128 and 245 new LPNs. Seventy percent of the agency respondents do not expect to increase the size of their facility over the next few years, but 29 percent do expect their facility to increase in size. Six of the 18 respondents who expect an increase in facility size do not anticipate that this will result in hiring a greater number of LPNs, but seven said the facility's growth would require more LPNs, while five did not know the effect on LPN hires.

Nearly two-thirds of the responding agencies said there were one, two, three, or four schools of nursing for RNs in their geographic area, and two-thirds said there were one or two schools of Practical Nurse education in their area. The follow-on question, which asked respondents to list the schools from which the majority of their LPNs were educated, yielded the following information: 52 percent of the respondents said the majority of their LPNs came from just one school; 22 percent listed two schools; and 17 percent listed three schools of Practical Nursing. (Eight percent of the respondents did not answer this question.)

Respondents were next asked to rate the quality of Practical Nursing education in Pennsylvania schools as "excellent," "very good," "good," "fair," or "poor." Sixty-one percent of the respondents who rated quality said the quality was "excellent." Thirty-two percent rated the quality as "very good." Only seven percent who rated quality said that the quality was "good." (None rated the quality as only "fair" or as "poor.") The next questionnaire item asked people who rated the quality of Practical Nurse education in Pennsylvania as less than "excellent" or "very good" to then go on to indicate the reason for their response. These comments centered on the need for more medication (drug therapy) instruction, professionalism, and clinical procedures and supervisory training. Twenty of the 63 responding agencies reported that their agency was involved in the clinical experience segment of PN education programs.

Seventy-one percent of the agency respondents said that their organization does conduct a formal orientation program for new or returning LPNs, and 37 of the 45 respondents that comprised the group that offer such orientation entered data regarding the orientation. Orientation periods were of two days' to 30 days' duration and consisted of from eight to 160 hours contact time. One-third of the orientation programs were described as being from ten to 15-day programs, and one respondent said that the program is competency-based. Only one of the survey respondents indicated that the agency conducted its own Practical Nurse education program and also said that about ten percent of the PN program participants from the last five years had been welfare or public assistance recipients. In this hospital-based PN program, 75 percent of those who entered the Practical Nurse program completed the program and 95 percent of the completers achieved State licensure at the first attempt.

Health care agency respondents were asked whether the organization has difficulty filling positions for Registered Nurses and Licensed Practical Nurses. Thirty-nine percent said that RN positions were hard to fill, but only four respondents (seven percent) had found that LPN positions were hard to fill. "Low salaries" and "geographic location" were the major reasons for difficulty in filling RN positions.

Seventy-six percent of the health care agency respondents said they did not recruit for LPNs; of those who did recruit, (15 respondents, or 24 percent), 14 agencies used local advertising and only four agencies recruited beyond their local area.

Fourteen agency respondents offered recommendations about modifications in content or methods of Practical Nursing education programs: four of the recommendations suggested changes in program structure, three of which suggested greater emphasis on program articulation toward Registered Nurse; six felt PN curriculum should be revised, particularly in regard to medications; two felt clinical experience should be modified; and three respondents urged programs to include more instruction and experience in supervisory and management skills.

The on-site interviews with ten nursing administrators, who were not always the same administrator who had completed the mailed health care agency questionnaire, verified the high regard in which Pennsylvania's Practical Nursing programs are held. Reiteration, or verification, of the need for some changes in program emphasis was evident during the interviews, in which constructive observations were made about PN programs; for example, more emphasis on pharmacology and medications, geriatric understanding and skills; restrictive legislation regarding IVs; skills in supervision, management and patient teaching as well as personal communications; and PN program scope, management, and articulation.

Conclusions

The findings of this study support the following conclusions, which are presented in response to the stated objectives of the study.

Objective 1: To determine the extent to which the program has been a factor in managing the supply of Licensed Practical Nurses.

The Practical Nurse Program is regulated by the State Board of Nurse Examiners, which approves the clinical education component of the program that, in turn, governs the number of students for the clinical resources available to the program. The Department of Education sponsors the program; however, the approving agency is the State Board of Nurse Examiners. The program is regulated by this Board from their "Rules and Regulations," as shown in Appendix Q. The biggest factor in regulating the supply is the clinical resources available to the program. A feasibility study is submitted to the Board as a condition of program approval and, based on the statewide health-care monitoring system established by the Department of Health in each of nine Health Service Areas and other current data, decisions are made regarding (1) numbers of programs approved and (2) numbers of students to be admitted annually. Practical Nursing programs have admitted two classes each year. In areas of the State where high unemployment and/or the effect of DRGs has affected staffing patterns or employment turnover, the subsequent effects may be a reduction to one class per year for some programs.

Objective 2: To determine the extent to which the program has been a factor in improving the quality of Practical Nurse training.

Graduates of the Department of Vocational Education's Practical Nurse programs have an average annual rate of 96 percent success as first-time takers of the national licensure examination, which is administered twice each year by the State Board of Nurse Examiners. Nationally, the rate of success averages 90 to 92 percent. Pennsylvania ranks seventh in the nation in licensure testing success rates, for which the Pennsylvania norms on the 800-point test are usually 10 to 20 points above the national norms of about 525. The quality of the programs is also based on the clinical experience afforded students in cooperating clinical agencies, the clinical experience being governed by the State Board of Nurse Examiners. Quality is also assured when PN programs are nationally accredited, as are 14 of the State's programs: they are forced into a quality review by the accrediting agency.

The sample of employers surveyed in this study regarded the quality of the Practical Nurse training as very high: 93 percent of the health care agency/organization respondents said the programs were "excellent" or "very good." The remaining seven percent, who rated the programs as "good," indicated that there should be more emphasis on medications, long-term care, professionalism, and attitudes, and some said that the one-year program is too short.

Current literature and the findings of the study indicate that the Practical Nurse Program should review its content and emphasis in order to be more in tune with changes that are occurring in the health care industry; i.e., the "high touch" of nursing (which is a health care industry equivalent of "high tech"). Programs need to improve educational opportunities for leadership (supervision and management, including patient teaching). Skills should be emphasized regarding nursing care for illnesses and conditions affecting the elderly. The pharmacology component of the PN programs needs to be emphasized and, because of the expectations and nursing needs of health care agencies, the legalities regarding the administration of medications by LPNs should be reviewed, as should be the administration of IVs by LPNs.

Objective 3: To determine the effect the subsidy had on tuition rates.

Over the three years of the study (1979-80, 1980-81, and 1981-82), the State contribution for program operating costs dropped from 75 percent (to most of the reporting schools) in 1979-80 to a little over 60 percent (in most of the reporting schools). (This funding was supplemented by a budget for "compliance" items; e.g., curriculum development, library materials, and equipment purchased to use in the Practical Nursing program.) As the program subsidy was reduced, and operating costs increased, student tuition also increased by sharply diverse amounts in the various schools. Forty-one percent of the Practical Nurse program graduates who responded to the survey said they had received financial aid to enable them to participate in the PN program, and 78 percent of these people said that this financial aid was "essential" or "very important" to their having been able to go to school for Practical Nursing.

In 1982-83 another change was effected in program funding: line items were no longer used in allocating monies to the schools in the State and Practical Nurse Program monies were allocated instead as "Adult Education" monies to be assigned by the receiving school. At the same time, Practical Nurse student tuition payments continued to increase. (In FY 1984-85, State monies paid for 30 percent of PN program operating costs, in the programs sponsored by the Department of Education, and student payments provide the other 70 percent of operating costs.) Most of the PN programs have been appreciative of the State subsidy but, in the wake of increasing costs and diminishing State dollars, they have recognized a need to apply for program accreditation as they look for resources other than the State to help their students meet tuition costs. Fourteen programs under the State's sponsorship now have accreditation through national accrediting agencies, which enables qualifying students to apply for financial aid that would otherwise not be available to them.

Objective 4: To determine the present employment situation for LPNs.

The health care delivery system in Pennsylvania, like other states, is undergoing change. The implementation of the DRG system of prepayment for Medicare Services in acute care facilities has caused some hospitals to experiment with new staffing patterns, such as a higher concentration of RNs as the providers nursing care, as they await the data (experience factors) associated with the performance costs. In some areas of the Commonwealth, where unemployment of the general population has affected hospital usage, there has been a concurrent effect on the employment of health care providers, including Licensed Practical Nurses. Other facilities have maintained a "status quo" on employment. An increasing number of elderly in the Commonwealth has combined with the DRG-mandated shorter length-of-stay period in acute care facilities to warrant an increase in the number of long-term care facilities; i.e., nursing homes and convalescent (rehabilitation) centers. Employment for LPNs will also change with the health delivery system's response in the forms of increased emphasis on home health care, and, in some parts of the Commonwealth, the third-party payers (such as Blue Cross) have already started to recognize the need for paying Licensed Practical Nurses to provide home health care for patients whose needs cannot be met by Aides yet do not require the constant services of an RN. Other alternative ways of delivering health care have emerged, including smaller community emergicenters and surgicenters (also known as "Docs in Boxes").

Of 1,082 Practical Nurse graduates who responded to the survey (Spring 1984), 89 percent were "currently" employed and 84 percent were employed as LPNs: more than 51 percent of these were employed in acute care facilities, and more than 30 percent were employed in long-term care facilities, the balance working for physicians, on private duty, in a clinic-type setting, or other settings. Of the 116 respondents who were not employed, 1.9 percent said there was "no work available in the area" (these, in areas of high unemployment in the State), and 0.8 percent had been "laid off." The balance of the unemployed were either in school as full-time students or had elected not to work for personal reasons such as child rearing.

Objective 5: To determine the projected need for LPNs in the Commonwealth of Pennsylvania for the next five years.

This study has validated the change in the delivery of health care across the national health care system; i.e., the need for new LPNs may either drop in some sectors of the Commonwealth or remain status quo over the next two years as acute care facilities adapt to DRG-influenced staffing changes. The following excerpt from the U.S. Department of Health and Human Services Health Care Financing Administration background paper describes the transition from the old system of reimbursement for Medicare to the new system of prepayment:

> The new system will undergo a three-year phase-in period. The first year, the fiscal year beginning October 1, 1983, 75 percent of the reimbursement to hospitals will continue to be hospital-specific. The remaining 25 percent is based on the regional DRG rate. The following year the proportions shift to 50 percent hospital-specific rate, 50 percent a combination of the national and regional DRG rate. Of that portion, three-fourths is regional and one-fourth is the national component.
>
> In the third year, only 25 percent is hospital specific, and 75 percent is national and regional. Of that portion half is regional and half is the national rate. Finally, on October 1, 1986, a completely national DRG rate of reimbursement is in effect, with rates adjusted according to the hospital's location, urban or rural, and wage levels in its area. (Hospitals will commence each of the above phases at the beginning of their individual fiscal year. Therefore some hospitals will not be completely on the fully national prospective payment system until near the close of FY 86.)

Despite the uncertainties regarding staffing patterns in acute care facilities, many observers see either no change or little change in the numbers of LPNs who will be needed over the next five years. About one-half of the national sample of State Supervisors of Health Occupations Education and Executive Secretaries of State Boards of Licensure anticipated that the need will "stay about the same," although the other half felt the uncertainties of the legislative effects would warrant a "decrease" in the numbers of LPNs required. Health care agency respondents indicated, by their predictions of the numbers of LPNs perceived to be required through 1990, that there would be little change. The issue of "two levels of nursing" raised by the American Nurses Association that represents less than ten percent of all nurses, is as yet unknown. The ANA's "1985 Proposal" has been opposed by many national organizations. The evidence of the growing number of "articulated," or "career ladder" programs that enable the LPN to transfer skills and credits to an ADN or BSN program of studies provides yet further affirmation of the validity of Practical Nursing programs as a means to entry-level employment or higher levels of training.

As the health care system "evens out" from the initial effects of the national DRG system (e.g., the manner in which health care will be funded by the national government) and local health care providers coordinate efforts to deliver health care in different settings, the State Board of Nurse Examiners and the local schools will be better able to predict the numbers of LPNs needed to staff new kinds of services and facilities and to replace LPNs who will leave or change employment settings.

Objective 6: To determine whether and to what extent the supply/demand for new graduate LPNs has influenced the salaries paid.

In most areas of the Commonwealth, the salary of the LPN is approximately 75 percent of the salary of the Registered Nurse, although certain areas report a lower rate (e.g., 65 percent), depending on the general economic status of the community and other related demographic factors, including the number of LPNs available to the local institution. The health care delivery system in the Commonwealth, and the nation, has been the determinant of (1) the type of services needed, as dictated by legislation and institutional decisions on patient-care ratios in various units of hospitals, (2) the division of labor within institutional settings, and (3) salaries that the institutions are willing to pay to health care providers. In general, nurses' salaries have not kept up with inflationary rates--or with physicians' incomes. The new system of DRGs may also influence how and how much nurses are to be paid as well as for what services they shall be paid. This is true of Registered Nurses as well as Licensed Practical Nurses. The new and emerging health care system--as described under Objective 5-- indicates that LPNs need to be educated in management skills, including how to manage their role in an entrepreneurial situation and how to negotiate their worth in a health care system.

Objective 7: To determine the placement rates for LPNs and for those who received tuition assistance (for the various regions within the Commonwealth, and for all graduates in Pennsylvania); and National placement rates.

Annual placement rates of LPNs exiting Practical Nurse Programs are monitored by the State Board of Nurse Examiners, the Pennsylvania Department of Education, and national accrediting agencies. Nationally, respondents to the study survey reported the average annual placement rate of LPNs as from 80 to 95 percent. Pennsylvania's average annual placement rate is 96 percent. Of the 40 Pennsylvania programs that reported annual placement rates in this study, for the years 1979-80, 1980-81, and 1981-82, only two were below 70 percent and both of these were in geographic areas of high unemployment and economic depression (Greater Johnstown AVTS and Wilkes-Barre AVTS). The balance reported from 70 percent to 100 percent placement: 23 schools reported 95 percent placement, or higher, for the three years, and 12 of these had experienced 100 percent placement for all three years of the study (as shown in Table 37).

Four hundred forty-two graduate respondents (or 41 percent of all graduate respondents) said that they had received loans, scholarships or grants, or tuition payment through public agencies in order to go to school for Practical Nursing. Of this group, 55 percent said that financial assistance had been "essential" (could not have gone to school without it) and 24 percent said it was "very important" (unlikely that they could have gone to school without it); 17 percent felt they "might have been able to find another way," and only four percent said they could have "found another way if I had to."

Fifteen percent of all Practical Nurse Program graduates who were placed (from the 40 reporting schools) had been recipients of 2508.3 (welfare) tuition assistance through their programs. (Practical Nurse Program Coordinators had also reported that between 11 and 18 percent of all students enrolled in the 40 schools during the three-year study period were eligible for tuition assistance under the guidelines for 2508.3 program subsidy.)

Objective 8: To determine mobility habits or trends for all students supported by the program and for welfare students.

At the time of entry into the PN program, 28 percent of the students had been recent high school graduates and 3.4 percent had been enrolled in some other kind of postsecondary program. Thirty-four percent had been unemployed. Of the 63 percent who were employed at the time of program entry, 34 percent had been employed but were seeking a career change, and 29 percent were already employed in health occupations but were seeking to upgrade their careers. Out of 1,082 Practical Nurse Program graduates who responded to the survey, 1,019 said they have worked as LPNs, and 63 respondents listed no employers. Of the 1,019 LPNs who listed their employers since the time of graduation and licensure, 67 percent had had only one employer, 26 percent had worked for two employers, six percent listed three employers, and less than one-half of one percent said they had had four or more employers. Generally, these employment settings tended to be within the area of original employment and did not indicate mobility of residence. As was evidenced in other findings of this study, Licensed Practical Nurses are less likely to seek employment--or education--away from their "home" area than are, for example Registered Nurses who are often educated in a school setting that provides residence facilities. The average age of students enrolled in PN programs, in schools which were visited during the study, was 22 to 40, an age group that accounted for about 60 percent of the visited Coordinators' students. People in this group are usually those who have established homes and responsibilities and are less likely to seek occupational placement in new geographic regions that are not within commuting distance from their homes.

Fifty-three percent of the PN Program graduates who responded to the survey indicated that career mobility is a long-range goal, although 77 percent said that, for now, they plan to work as an LPN, and ten percent have current plans to work in another area of the health care professions. Of the 53 percent (577 respondents) who expect to enroll or are enrolled in additional educational programs, 543 (50 percent of all PN Program graduate respondents) expect to receive further training in the health care field, and three percent plan to attend school in some field other than health care. One hundred fifty-five respondents said they were currently attending school, and of the 153 who indicated their areas of study, 117 (77 percent, or 11 percent of all 1,082 respondents) had selected nursing as their area of study, five percent (or 0.6 percent of all respondents) were studying for some other direct patient care/contact occupation, and three percent (0.4 of all respondents) had elected some biomedical field that does not entail direct patient care/contact. Other areas directly related to health care, such as medical administration, were named by 1.3 percent of this group (0.2 percent of all respondents), and only 23 respondents who were "currently" in school (15 percent of those in school, or 2.1 percent of all respondents) said their field of study was not related to medical or health services.

Practical Nurse programs throughout the Commonwealth have indicated that "articulation" or "career ladder" programs have been arranged with one or more local institutions so that Practical Nurse graduates may receive advance-standing toward Registered Nursing. These articulated programs are encouraged by the Department of Education; however, some PN programs are not located in geographic areas where students could comfortably enroll, as commuters, in a higher education institution.

Objective 9: To determine the failure rates of the state examination (for licensure) for all graduates and for welfare students.

Over the three-year period 1979-80, 1980-81, and 1981-82, Practical Nurse Program enrollments in the 41 programs-of-interest to the study totaled 7,947. Of these, 1,185, or 15 percent, were reported as "welfare" students, exclusive of students who were receiving public assistance monies from agencies such as CETA. Of the 6,155 students who completed Practical Nursing Programs, as reported by the Coordinators, 14 percent were "welfare" students for whom 2508.3 funds had been applied. Incomplete data were provided by Program Coordinators regarding the numbers of welfare (2508.3) recipients who had successfully completed the state examination for licensure at their first attempt; however, in those 27 programs that provided these data, ten percent of all students who were successful on the first attempt to pass the licensure examination were "welfare" students. (Eighty-six percent of all graduate respondents said they had taken and passed the examination within six months of program completion and another three percent had done so within 12 months, while 0.6 percent said they had passed the examination within 18 months and 0.2 percent had passed within 24 months. Ten percent of the respondents did not answer this item on the questionnaire.)

A subsequent question asked of Program Coordinators was to relate data regarding the initial placement of program completers, for which 40 schools provided the information that, of the total number of graduates "initally placed" as LPNs, 791, or 15 percent, were "welfare" (or 2508.3 recipients) students. Thus, in comparing enrollment and placement data, 15 percent of enrollments were welfare students, and 15 percent of initial placement graduates had been welfare students, so it would appear that the actual number of welfare students who had been successful on the state licensure examination is also about 15 percent of all students.

Overall, when viewed as "failure" rates rather than "success" rates, Pennsylvania's failure rate on the State board Examination (which is also used nationally) is only 4.4 percent, while the national failure rate is between eight and ten percent.

CHAPTER VII

RECOMMENDATIONS

The findings and conclusions of this study suggest the following recommendations to assure continued quality and successful employment of graduates of the Bureau of Vocational Education's Practical Nurse Programs.

Program Recommendations

1. A statewide advisory council for Practical Nursing should be established through the Pennsylvania Bureau of Vocational and Adult Education to give advice and direction for Practical Nursing Program modification and to review program effectiveness as well as the need for the expansion, or reduction, of programs, by geographic area. This advisory council should also have input to the areas of content emphasis in the Bureau's Practical Nurse Programs, which may result in curriculum revision (with State Board approval). This committee should include representation from the following: State Board of Nurse Examiners; Practical Nursing Coordinators Association; directors of nursing from acute care facilities, long-term care facilities, temporary nursing services or nursing placement agencies (including hospital representatives who contract for home health care and institutional services); The Pennsylvania Department of Health; and third-party payers (such as Blue Cross).
2. Ensure that Practical Nurse Program standards include updating of the Practical Nurse Program instructional staff through (a) approved courses of study in "high touch" nursing procedures, including, for example, pharmacology, med-surg procedures, diet therapy, nursing care for conditions and illnesses of the elderly, and (b) supervised clinical experience in an accredited institution.

3. The Practical Nursing instructional staff should be availed of (regional) inservice opportunities for the following areas:
   a. Review and monitoring of program philosophy, objectives, and curriculum to assure the meeting of health care needs of all the constituency of the service area; i.e., people of all ages and health care needs, such as the elderly, those in need of rehabilitation care, psychological and psychiatric care, and diet therapy in the institutional health care setting and in the home. Emphasis should also be placed on planning and teaching preventive care and self-care.
   b. Professionalism, which would include the diverse but related areas of attitude, interpretation and implementation of doctors' orders, and manual and electronic record keeping.
   c. Admissions testing and subsequent instruction and remedial instruction to meet the needs of each student enrolled in the program.
   d. Specific topics suggested for staff inservice include: the teaching of study skills, an approved course (such as that offered by NAPNES) on pharmacology and medications, and electronic recordkeeping and monitoring, as practiced in health care agencies.
4. Provide a State-approved Practical Nursing review curriculum that will benefit (a) Practical Nurse graduates aspiring to licensure and (b) LPNs who wish to update their skills/knowledge before returning to the work force after a period of absence. The cooperation of local health service agencies might be sought in presenting this review, thereby reducing orientation required in the agency setting.
5. Practical Nurse Programs should include intensive units of instruction on:
   a. Geriatric care (diseases, conditions, and care of the elderly,

including the psychology of aging, recreational attendance, and personal relationships with the elderly).

b. Psychiatric care (psychiatric conditions and care of patients with psychiatric or psychological disorders).

c. Psychology and nursing care of home-bound patients, including nutrition and supervision of the preparation of food and household management, and other home-care services.

d. Nutrition (menu planning for diet therapy, diet control, and preventive maintenance).

e. Psychology and care of special needs children and adults (who have physical, emotional, or mental disorders or conditions).

f. CPR certification.

g. The use of computers and other electronic record-keeping and monitoring devices.

h. A unit of instruction on Diagnosis-Related Groups (DRGs) to help Practical Nursing students understand the current terminology and philosophy of institutional care in acute care facilities and the implications for extended facility care or residential care.

i. Clinical experience in long-term care facilities and acute care facilities, and including primary care agencies.

6. Establish written guidelines for program articulation, or "career laddering."

   a. Articulation should be established between less-than-licensure health occupations education programs (such as Nurse Aide/Assistant) and Practical Nurse programs.

   b. Articulation should be established between all PN programs and hospital-based nursing programs and degree-awarding (ADN/BSN) postsecondary institutions.

c. Competency-based career ladder arrangements should be articulated with ADN and BSN programs to facilitate open-entry for advancing students.

7. Practical Nursing Programs should schedule students for the maximum number of days of instruction allowed by the State Board Rules and Regulations during the 12-month instructional period to (1) enable students to be more fully prepared in areas of "high touch" nursing and other instructional components recommended through this study and (b) provide the best articulated preparation for those students seeking advanced standing in "career ladder" programs in other institutions.

8. All Practical Nurse programs sponsored by the Bureau of Vocational and Adult Education should be required to acquire (NLN) accreditation within the next five years (by 1990) to ensure that (a) students in need of financial assistance will be eligible to apply for funds that are available only to those enrolled in accredited programs and (b) students wishing to continue their nursing education will be more likely to continue rather than repeat pertinent articulated instruction in other institutions.

Program Funding

1. Maintain PN Program funding to support a continuation of Practical Nursing as the entry-level of the four levels of nursing [i.e., Licensed Practical Nursing, hospital diploma RN, associate degree (ADN), and baccalaureate (BSN)] to assure (a) affordable technical training for students and health care for the general population and (b) career entry and advancement opportunities to benefit aspiring nurses and the population of the Commonwealth.

2. Maintain PN Program funding at the present level, through FY 1990-1991, to assure (a) program opportunities for Pennsylvania residents who desire to fulfill nursing responsibilities but cannot afford to attend nursing preparation programs without financial assistance and (b) that the health-care (nursing care) needs of the citizens of the Commonwealth are met without substantially increasing the costs of that care. The current funding level may have to be maintained by PDE even after 1990-1991 (by which time all PN programs should be accredited through a national accrediting agency, such as NLN) to assure adequate program support that will cover anticipated annual increases in program operating costs.
3. The operating year of Practical Nurse Programs should be adjusted to coincide with the State's fiscal year (July 1 through June 30) in order to standardize annual funding applications and expenditure of funds, thereby also creating a more accurate framework for reporting.
4. The widely disparate operating costs and student tuition reported in the various schools indicate that the State should develop guidelines for equitable distribution of the Adult Education monies allocated (through Section 2508.3). The guidelines should be based on formulae, adjustable annually, to encompass variables such as JTPA (Job Training Partnership Act) sponsorship of students and demographic factors (available from the State Department of Health) in comparison to annual program enrollment and placement data, as well as other geographically-specific factors that impact on operating costs in individual schools.

Program Monitoring

1. Continue the present practice of PN Program monitoring, including admissions, enrollments, completions, and licensure data as well as

financial accounting, using standardized forms. Add, as recommended and approved by a (state) Advisory Council for Practical Nursing, monitoring and evaluation components that address the inclusion of hours of instruction and student progress/achievement regarding specific units of instruction that appear to be undergoing change in reference to health care delivery and employment in the Commonwealth; e.g., geriatric care, care of the home-bound patient, and care of patients with psychiatric or psychological or developmental disorders or conditions, pharmacology, management and supervision, etc.

2. Include a specified number of credit hours of professional updating as a condition for Practical Nurse Program instructional staff recertification every (five) years. A State-subsidized staff tuition (reimbursement) system should be considered for the required updating (on a biennial basis).

Program-Related Research

1. Plan for a (1986-87) study that will assess the impact of the DRGs in relation to nursing care needs in long-term care and acute care institutions as well as home-based care needs that may affect the purpose, goals, and content, and emphasis of the Practical Nurse Program.
2. Utilize annual data collected by the Pennsylvania Department of Health and other State agencies as well as State offices of the Bureau of Labor Statistics to complement data collected by the local schools in which Practical Nurse Programs are sponsored by the Bureau in order to determine/affirm (a) employment feasibility, (b) State funding level, and (c) nursing practice needs. Information needed for this annual update would include demographic data [live birth rate, mortality rate, county in-migration and out-migration, new industry

and out-migrating industry, unemployment rate by county or city, resident age, numbers and kinds of health-care providers (such as RNs, LPNs, types and capabilities of health care facilities)], health care facilities usage and home care needs, and the local effects of DRGs. The findings of national studies regarding current nursing practices and needs should be reviewed annually to determine educational components that should be emphasized, added, or afforded less time in the educational plan. The outcomes of local and statewide studies should be correlated to the current number of LPNs in each local area; five and ten-year projections should be extended by type of services/care to be provided by LPNs that cannot be provided by Home Health Aides or other less-than-licensure health care workers. The collection of these data would provide evidence of need for program continuation or modification; e.g., one graduating class per year instead of two in areas that have been markedly affected by changing conditions. Data collection should be in accord with the requirements of the State Board of Nurse Examiners and any accrediting agencies as well as the Pennsylvania Department of Education.

3. Plan for a 1990-1991 replication of the current study that will reflect changing patterns in population concentration, health care delivery, and PN program revenue, and experience factors evidenced in both acute care facilities and long-term care facilities after several years of operation of the DRG system.

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APPENDICES

APPENDIX A

FIRST IN A SERIES

DRGs: HISTORY AND OVERVIEW

FRANKLIN A. SHAFFER

On April 20, 1983, President Reagan signed into law H.R. 1900 (P.L. 98-21), the Social Security Amendments of 1983. This legislation includes the establishment of a prospective payment system based on 467 Diagnosis Related Group (DRG) categories that allow pretreatment diagnosis billing categories for almost all United States hospitals reimbursed by Medicare. Culminating a series of hospital billing and reimbursement reforms that were initiated decades ago, these changes will permanently alter the nature of health care delivery as we have known it.

The decades of latency characterizing the early history of this reform contrast sharply with its sudden explosive arrival. The entire legislative process, from submission before Congress to passage into law, took only an unprecedented three months. While the looming federal deficit and the danger of insolvency of the Medicare trust fund may have been the immediate impetus for this legislative speed, the chronically inflated cost of hospital treatment must be seen as the primary, longstanding problem whose time for resolution had finally come.

Thus, the rapidity of DRG's transformation from theory into law stands as an object lesson for all skeptics concerning the potential impact of ideas on social action. What remains to be seen is whether and how nursing can adapt to these sweeping changes. To do this, nursing must meet the challenge of an expanded professional identity to include the increased managerial and financial capability demanded by prospective billing.

To help achieve such an understanding of the changes that have occurred, this article will focus on the following four areas:

- A political and historical perspective on DRGs as they were applied in New Jersey, and on the prospective payment system of reimbursement.
- The research that was conducted on this system at Yale University.
- The piloting of DRG projects based on the Yale research in New Jersey and other selected states.
- The final passage of federal legislation mandating the Health Care Financing Administration's (HCFA) prospective billing for hospital care nationwide.

Political and Historical Perspective

Rationale for Focusing on New Jersey

The HCFA legislation arose as a response to patterns of inflation in the health care industry that reflected inflation of prices nationwide. However, in comparison to the overall economy, health care inflation has been greater. Prospective reimbursement programs designed to check this inflation in health care, however, have varied greatly from state to state. Not all programs have had the same element of prospectivity or the same organizational structures and procedural criteria for setting rates. A 1980 HCFA study, *The National Hospital Rate-Setting Study: A Comparative Review of Nine Prospective Rate-Setting Programs*, recognized this in concluding that no one generic model of rate setting guarantees a stringent, equitable program in all states. The HCFA report further noted,

> A review of the forces that promoted the adoption of prospective reimbursement programs in the nine study states reveals only one common thread: an overall concern about the escalation of hospital costs [*1*].

Given this fact, a comprehensive effort to sort out the issues of prospective reimbursement on the national level creates problems in tracing the system's history through a baffling maze of regional variations. For the sake of clarity, then, we will focus on the events that took place in the State of New Jersey that led to institution of prospective billing. Eight other states—Arizona, Connecticut, Maryland, Massachusetts, Minnesota, New York, western Pennsylvania, and Washington—also participated in the early experimentation with alternative methods of reimbursement. The New Jersey program that will be reviewed is a detailed examination of one state's experience, and is presented as an example of the complexity of nationwide prospective billing reform.

Hill-Burton and the Post-World War II Boom

While hospitals have been accused of being the major source of national health care price escalation, a closer look reveals an historical trend toward uncontrolled budgetary expansion tracing back to the 1940s.

The federal Hill-Burton program, which had been enacted in 1946, provided the impetus for a massive postwar replenishment of hospital capital facilities [*2*]. Utilization of these facilities was ensured and encouraged by the Medicare and Medicaid legislation of the mid-1960s. The increasingly prominent role of other third party payers—Blue Cross, Blue Shield, and the major insurance companies—similarly led to disincentives for cost containment. Patients, physicians, and hospitals were aware that a third party payer, and not the patient, would be paying for most of the bill. This was the mood set in the days when no one envisioned skyrocketing medical costs.

At present, hospital costs continue to rise rapidly at rates higher than the general inflation. For the past year, hospital costs have increased 12.6 percent, while the general economy rate of inflation has dropped to 3.9 percent. When third party payments replaced personal health care expenditures as the predominant means of

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paying for health care, the consumer became insulated from the true cost of health care.

In addition to third party payers' encouragement of consumer demand, their method of reimbursing hospitals was also responsible for skyrocketing costs. Because there were no effective limits on the costs to be reimbursed, the hospital was essentially guaranteed payment without having to worry about cost containment. The third party insurers and government agencies made payments to hospitals based on estimated operating costs, with retroactive adjustments allowed for each accounting period. The more a hospital spent, the more reimbursement it received from third party payers. The sky was the limit and the hospitals, run as profit-seeking institutions, took full advantage of this.

Background of New Jersey

The State of New Jersey has long upheld a tradition of legislation geared to the regulation of hospital costs in the best interests of the public [3]. This tradition goes back to 1938 when the state legislature enacted laws requiring the regulation of payment rates to assure the reasonableness and adequacy of hospital charges to major carriers. When costs began to climb in the early 1960s, the State Commissioner of Banking and Insurance responded by establishing maximum per diem rates for hospitals throughout the state. This, however, was ineffectual; hospitals arbitrarily determined what they would charge—and continued to elevate their rates at their own pace.

In 1967, an industry analysis showed that the 10 percent annual increases in hospital rates far exceeded hospital expenditure on patient care or capital improvement. The money was going into institutional profits. The industry's internal constraints were proving to be ineffectual.

By 1968, the New Jersey Hospital Association had succeeded in establishing an Advisory Committee to the Commissioner of Banking and Insurance. However, neither state government nor consumer representation was on this committee, with the result that the efforts of this committee established hardship rate increases retroactive to 1963.

During this time, the New Jersey Hospital Association staffed the Health Research and Educational Trust, which was a volunteer organization that functioned in a "watch-dog capacity to review hospital budgets" [4]. This system, however, was criticized for lack of objectivity and yielded to legislation enabling the Departments of Health and Insurance to introduce another cost control approach (reviewed immediately below). By the end of 1969, Blue Cross had petitioned the Commissioner of Banking and Insurance for a 73 percent increase in its premiums. The climate was set for a stronger voice by state government and third party payers. This led to the research and ultimate publication of the Wharton Report.

The Wharton Report

The Wharton Report was published by the Special Council to the Commissioner of Insurance of New Jersey in 1969. Along with the enactment of the Health Facilities Planning Act and the establishment of the Health Care Administration Board in 1971, this report marked the turning point in the history of New Jersey hospital rate setting. The report recommended three reforms:

1. Full prospective rate setting,
2. More direct public and consumer input to policymaking, and
3. The use of per case reimbursement methods as an alternative to the per diem method [5].

The most important effect of the Wharton Report was to stimulate policymakers toward what was to become case-mix-based reimbursement.

Prospective Rate Setting

It is important to understand the components of prospective, as opposed to retrospective, rate setting. Dowling notes that, under a prospective rate-setting system, "providers are paid at rates set in advance of and considered fixed for the pertinent period (typically a year)" [6]. Some external authority (such as the State of New Jersey) must be empowered to supervise rate setting. Dowling summarizes the concept in four steps.

1. An external authority is empowered (by statute, market power, or voluntary compliance by providers) to set provider charges and/or third party payment rates.
2. Rates are set in advance of the prospective year during which they apply and are considered fixed for the year (except for major, uncontrollable occurrences).
3. Patients and/or third parties pay the prospective rates rather than the costs actually incurred by providers during the year (or charges adjusted to cover these costs).
4. Providers are at risk for losses or surpluses [7].

The money was going into institutional profits. The industry's internal constraints were proving to be ineffectual.

In short, prospective rates are a means of exerting more external influence over hospital activities and plans and as a means of building cost containment constraints and/or incentives into hospital payment.

The Health Facilities Planning Act

The Health Facilities Planning Act of 1971 gave the Commissioner of Health great latitude to protect the consumer from unreasonable hospital charges and unreasonable hospital accounting practices. Of course, what was reasonable or unreasonable could largely depend upon who happened to be in office at the time—the Planning Act achieved scant implementation through the early part of 1974. Nonetheless, the Commissioner of Health and the Commissioner of Insurance were empowered to regulate Blue Cross charges.

Bureaucratic Malpractice

In 1974, a consumer research center published a report entitled *Bureaucratic Malpractice*, which attacked the state as being timid in exercising cost-containment efforts [8]. The report cited the per diem method of hospital reimbursement by third party payers—Blue Cross/Blue Shield, Medicare, and Medicaid—as having created an incentive for hospitals to extend the lengths of inpatient stays beyond the point of justifiable medical need. Indeed, the hospitals had every

The most significant development in the history of hospital billing in New Jersey was the conceptual dichotomy between per diem and diagnosis related billing.

incentive to do this. They were being evaluated by insurers as businesses; the longer they could encourage patients to stay, the higher their profits, and the more willing third party payers were to extend themselves to pay. Blue Cross/ Blue Shield, Medicare, and Medicaid all continued to raise their rates, and consumers suffered the burden of the increase.

The report suggested that reimbursement to hospitals by the "case" rather than by the day would lead to greater efficiency. This theme, formerly heard as a whisper, continued to echo louder and louder in the legislative and executive halls of New Jersey government as health care costs soared. The election of Brendan Byrne as governor in 1974 and his appointment of Joanne Finley as Health Commissioner ensured this more aggressive approach to cost containment, as recommended in the Wharton Report.

Finley and SHARE: The Last Attempt at Regulation by Per Diem

The 1970s saw a trend toward institutional change not only in hospitals, but also in other established bureaucracies that were forced into transition by practical necessity. While Joanne Finley entered office committed to controlling health care costs, her strategy for approaching this challenge altered during her tenure. Her first approach, SHARE, reviewed below, employed the traditional per diem method of billing *regulation*. This, like the preceding series of regulatory measures outlined above, operated within a system that was designed to discourage cost reduction incentives. It was found, essentially by trial and error, that only by *reform*—in this case in the implementation of DRGs—that cost escalation could be reduced.

Finley's first step was to introduce public accounting into hospital reimbursement. This involved a uniform hospital accounting system imposed by the state called Standard Hospital Accounting and Rate Evaluation (SHARE).

Under the SHARE system, costs were grouped into 34 cost centers according to uniform definitions of functional centers, such as laboratory and radiology. Inpatient costs were then regrouped into 3 basic categories: 1) non-physician-controllable costs; 2) physician costs (for example, physician and resident salaries and fees); and 3) other costs that were either not controllable by the hospital or which were not to be included in the determination of the SHARE reimbursement rate. Salary rates were "equalized" in order to avoid distortions incurred by geographic wage differentials, and controllable costs were assigned to three cost-center clusters to allow for trade-offs in treatment modes. Hospital peer groups were formed and cost screens were set for each cluster of cost centers in each peer group.

After a hospital's reasonable costs were determined, a preliminary per diem reimbursement rate was determined for the hospital. This proposed SHARE per diem was reexamined in an informal review, often followed by appeals to the Department of Health and even the courts. The essential feature here was "peer grouping." This technique was developed in the utilities field. Similar institutions were classified according to their comparable attributes in order to apply "fair" standards.

Hospitals, however, are more complex than power plants and telephone companies and lend themselves less readily to accurate assessment by this method. Peer grouping may work when the basis of reimbursement is metered electricity or telephone time consumed, but hospital days render output measurable by so many indices as to confound peer review purely on the basis of one-day units of expenditure. How can a group of hospital personnel, all looking to protect their profits for every incentive imaginable, realistically be expected to accurately assign a dollar value to an imaginary hospital day? These people will operate to cover all possible costs, not to reduce them. That the activity conducted during that "day" somehow had to be worked into the equation if costs were to be controlled increasingly became apparent to New Jersey regulators.

The Yale Study. As research team members Fetter, Skin, Freeman, Averill, and Thompson note in the original DRG proposal written at Yale—the one on which many of characteristics of the HCFA system are modeled—

> The fundamental problem in cost containment is defining the appropriate tools for measuring reasonable efficiency and effectiveness in the hospital setting. Accurate instruments are needed to measure the level of productivity and effectiveness in terms both of outputs [specific services provided in terms of hours of nursing care, medications, and laboratory tests] and inputs [labor, material, and equipment used in the provision of these services] and to respond with the appropriate financial incentives or disincentives. *The attempt to measure and compare hospital efficiency at the cost-center level fails to recognize the role of case mix in determining hospital costs. Differences or lack of differences in hospital costs at the cost-center [e.g., laboratory or x-ray services] can be the result of different case mix compositions and may not reflect differences in hospital productivity* [emphasis added] [*9*].

These researchers also note that per diem billing tends to encourage longer lengths of stay. Emphasizing the importance of measuring and balancing the placement of incentives in the system to encourage saving rather than waste, they state,

> The reasonable measure of a hospital financial manager's effectiveness is his success in maximizing reimbursement. The more cost is increased, the greater the revenues. Costs can be skillfully redistributed over different cost centers with the effect of escaping peer cost screens. Another problem for the regulator, and opportunity for the ambitious financial manager, results from a system in which some patients pay costs [for nursing care] and others pay charges [for medical care], compounded because the ratio of costs to charges can be manipulated. Some opportunities for business gamesmanship will doubtless be found in any reimbursement methodology. The reimbursement system must identify appropriate costs and design a financial incentive to monitor and minimize such practices [*10*].

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Under SHARE, communications between hospital financial systems and physicians were discouraged principally because the plan split hospital cost information into two categories: costs directly related to patient care, and institutional and other costs. It is interesting that nursing, managerial services, facilities maintenance, and allied health costs were grouped together as institution costs.

The rationale for abandoning SHARE's per diem methodology became increasingly clear. While SHARE was a step toward cost containment and an innovative model of prospective reimbursement, it failed to introduce sufficiently powerful cost containment encouragement. The New Jersey Hospital Association actively opposed any further imposition of controls upon rates—because profits depended upon per diem billing to cover costs.

Thus, the stage was set for the introduction of DRG prospective case-mix billing into New Jersey health care. It must be seen that the most significant development in the history of hospital billing in New Jersey was the conceptual dichotomy between per diem and diagnosis related billing. Clarifying how this dichotomy developed and understanding its practical importance has been the purpose of this section.

Efforts to contain cost escalation arising from a reimbursement system that ignored the complexity of billable variables that comprise a "day" finally resulted in the conceptual leap to *reform* and to abandon *regulation*. The institutional inertia and bureaucractic resistance to this reform had resulted in a systemic preference for *covering* costs rather than *reducing* costs.

The Rise of Case Mix and the Diagnosis Related Group as Solutions to High Cost Billing: The Yale Study

The concept of staging a disease to develop homogeneous patient groups was first conceived by John Fothergill as early as 1748 [*11*]. More recently, the conceptual leap to explicitly defining the stage or the diagnosis of illness as a means of defining case mix has been developed by many different researchers [*12-18*]. Case mix by disease staging and case mix by diagnosis are two distinct concepts, as Bentley and Butler note,

> Unlike DRGs, which rely on statistical measures [primarily based on length of stay] for grouping diagnoses, disease stages are based on physician judgments of the progression of a condition through levels of severity [*19*].

Prior to 1965, researchers examining hospital case mix were primarily interested in the types of questions that per diem billing raised: What is the hospital's bed size? What is the average patient length of stay? Is the hospital a teaching hospital? The work conducted by Feldstein changed this emphasis. First demonstrating the significance of case mix in explaining variations in hospital cost, he specified the following criteria as necessary for case-mix management:

1. Patient categories must be meaningful medically, not merely convenient administratively.
2. Patient categories must be homogeneous with respect to the resources that are consumed in treatment [*20*].

Feldstein argued that diagnostic categories would form a medical basis for patient grouping that was more suitable than ward assignment. Resource consumption measurement was shifted by Feldstein's research to the patient diagnostic stage, or episode, rather than the patient day.

In New Jersey, Joanne Finley was at the brink of departure from SHARE, the state's last full-blown per diem billing system. According to Grimaldi, the newly mandated approach ushered in by the passage of New Jersey Public Law 1978, Chapter 83, differed from SHARE in several important respects:

> First, the SHARE per diem method has been replaced by payment rates that depend upon the cost of treating specific cases or patients; these case-mix rates are the same regardless of the length of time most patients are hospitalized. Second, whereas SHARE sets payment rates for inpatient services received by Blue Cross and Medicaid patients, the new approach applies to all payers and all outpatient services. In short, the State now has control over all charges for inpatient and outpatient care. This control is expected to reduce cross-subsidization between payers and across services. Under SHARE, hospitals usually charge higher prices to patients for whom rates were not set, especially when Medicaid and other payers paid less than full cost. The new method requires all payers to pay essentially the same price for the same services [*21*].

This is to prevent the system's reversion to a completely per diem orientation by unanimous application for outlier status.

Thus, the state finally succeeded in eliminating much of the financial gamesmanship that SHARE allowed in inflating costs. All rates, including the previously lucrative Blue Cross and Medicaid rates, were restricted by the State. Joanne Finley had emerged victorious in a lengthy political battle. It remained to be seen how the DRG system would operate to curtail the price spiral that had occurred under the per diem method. While the number of days that a patient stayed in the hospital remained at the heart of the DRG rate-setting methodology, the averaged cost of such treatment was assigned to purportedly homogeneous diagnostic categories.

The Yale Study and the Importance of Length of Stay

The developers of DRG recognized that length of stay (LOS) "may not be as accurate an indicator of the level of output as actual costs" [*22*]. These researchers justified using it, however, because of its practical availability. Actual costs are considered to be the ideal measure of output. If, for example, a nurse paid $22,000 annually works with a patient for fifteen minutes using equipment worth X dollars, and administering X drugs, an ideal accounting system could account precisely for the dollar amount assigned to such treatment.

These data, however, for use with DRGs, do not yet exist. With the need for the practical implementation of the program as urgent as it was, length of stay was substituted by the Yale research team as the principle determinant of the cost of treating statistically determined diagnostic categories. This underscores the reason that DRGs were selected by Joanne Finley as the case-mix measure for implementation in New Jersey. As the Hospital Research and Educational Trust Working Paper Number 5 notes,

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First, and most important, DRG is an attempt to define a "product" of an industry that had previously neglected to do so.

> Case-mix . . . has become a misunderstood and misused concept. For many health care managers the term is synonymous with Diagnosis Related Groups (DRGs), the most popular of several patient classification systems. For others, it represents a method of hospital reimbursement by third party payers. Case mix is neither. It is a way of defining a hospital's "product" or output by identifying clinically homogeneous groups of patients that utilize similar "bundles" of treatments, tests, and services. Case-mix is a methodology that is administratively useful for partitioning patient services and determining resource allocation [*23*].

Applications of case mix, presumably in relation to its confusion with DRG, troubled these researchers, who were preoccupied with the broad conceptualization of a management information system. It must be understood, however, that in the state of New Jersey, the DRG research conducted by Fetter, *et al.*, provided the major and immediate impetus for the transition from per diem to case-mix billing. And to return to the previously raised point, the reason that the DRG version of case-mix was selected over other case-mix alternatives reviewed by two studies in particular (Bentley and Butler, 1980; Plomann 1980), is that it confronted the practical necessity of employing length of stay as the indicator of cost for the statistical creation of the diagnostic categories. Fetter did, however, qualify their choice, acknowledging the theoretical inferiority of LOS to actual cost data: "If cost information is readily available and well standardized, that would be a preferable alternative to length-of-stay as the output utilization measure" [*24*]. These cost data, made increasingly available with the proliferation of computer technology, may serve as the basis for a reformulation of the DRGs in the future. Nobody, however, seems to have raised the possibility of postponing implementation until these data become available when DRGs could be based upon cost; the need for containment in New Jersey, as in the rest of the country, has been too pressing.

Conceptualizing DRG: Categories and Strategies

The DRG system has been approached by the health care professionals with a sense of mystery that the complexity of its origin has generated. This section will outline the goals of DRG, its principal categories, and the strategies for their implementation.

The hospital product. First, and most important, DRG is an attempt to define a "product" of an industry that had previously neglected to do so. This product is comprised of the specific set of outputs received by patients. The "output" that the hospital provides is defined in such terms as hours of nursing care, medications, laboratory tests, and so forth. The costs, or "inputs," required for the creation or provision of this service-output are labor (including nursing and other staff salaries) and materials and equipment used [*25*].

Different patients receive different amounts and types of services that heretofore were priced inaccurately under the per diem system of reimbursement. By conceptualizing the hospital output as "products" used by different patients, the authors of the DRG proposal conceptualize the hospital as a multiproduct firm, "with a product line that in theory is as extensive as the number of patients it serves" [*26*]. The particular product purchased, selected, or provided is defined by the researchers in terms of diagnosis. Some "products" require more hospital resources than others and are therefore considered to be more complex—and expensive. The relative proportions of the various types of cases treated by a particular hospital are called its case mix.

Internal management of efficiency and effectiveness are not served by the per diem criteria of hospital performance, which have been aggregate indicators: cost per patient day, percent occupancy, and mortality rate. Patient days of care and number of admissions or discharges have been used to describe hospital output under the per diem system. (Table 1 compares the two methods of measuring hospital product.)

According to Fetter, diagnosis related groups were developed "to evaluate, compare, and provide relevant feedback regarding hospital performance" [*27*]. To do this they require identification of the specific products provided by the institution. In order to treat the large numbers of consumers demanding hospital products, the "consumers" must be classified by type. The method for defining these consumer types is classification by case diagnosis, demographic characteristics, and therapeutic attributes. The researchers note,

> The means of defining hospital case mix for this purpose is the construction and application of a classification scheme comprised of subgroups of patients possessing similar clinical attributes and output utilization patterns. This involves relating demographic, diagnostic and therapeutic characteristics of patients to the output they are provided so that cases are differentiated by only those variables related to the condition of the patient (e.g., age, primary diagnosis) and treatment process (e.g., operations) that affect his utilization of the hospital's facilities [*28*].

The researchers then note, in one sentence, the major cost-saving and managerial components of the DRG system: "These groups or patient classes may then be useful for certain applications in patient care *monitoring, budgeting, cost control, reimbursement, and planning*" [emphasis added] [*29*]. These cost control features, oriented to clinically based diagnostic categories, assign cost-accounting indexes and managerial strategies to the hospital product. For the first time, the hospital has become an industry with a product the price of which can be managed and monitored by the caregivers themselves as the product is dispensed.

The researchers determined that the classification scheme should have the following attributes:

1. It must be interpretable medically, with subclasses of patients from homogeneous diagnostic categories. That is, when the patient classes are described to physicians, they should be able to relate to these patients and be able to identify a particular patient management process for them.
2. Individual classes should be defined

on variables that are commonly available in hospital abstracts and are relevant to output utilization, pertaining to either the condition of the patient or the treatment process.

3. There must be a manageable number of classes, preferably in the hundreds instead of thousands, that are mutually exclusive and exhaustive. That is, they must cover the entire range of possible disease conditions in the acute-care setting without overlap.
4. The classes should contain patients with similar expected measures of output utilization.
5. Class definitions must be comparable, with similar expected measures of output utilization [30].

The classification categories were coded using the *International Classification of Diseases, Adapted for Use in the United States, Eighth Revision (ICDAS) and the Hospital Adaptation of ICDA, Second Edition* (HICDA2). These coding schemes, "provide a classification of conditions of morbidity and mortality for statistical reporting purposes as well as for information retrieval" [31].

The first version of the diagnosis related group system included 383 categories. Bentley and Butler note four advantages of this system:

1. DRGs are conceptually appealing because they attempt to describe *patterns of resource consumption* based on the similarities and differences among patients.
2. The classification is based upon data generally included in the discharge abstract.
3. The method results in a manageable number of diagnostic categories, which is 383.
4. DRGs are organized in an hierarchical manner. The terminal diagnostic groups can be collapsed into fewer categories that, while more heterogeneous, are still useful [32].

Bentley and Butler also note five major disadvantages of the system:

1. DRGs rely upon discharge abstracts, which often contain classification and coding errors. Furthermore, DRGs fail to include all diagnoses and procedures. Assignment to a DRG is dependent upon the documentation of the attending physician and the conventions of the individual coder.
2. DRGs reflect the state of medical technology and practice at the time of their development; therefore, to account for advances in diagnostic procedures and treatment modalities, DRGs have to be reformulated.
3. The performance of a surgical procedure often categorizes a patient into a more complex DRG. If DRGs are used for reimbursement and if the reimbursement method reflects the complexity of the DRG, surgical procedures may be encouraged because they result in higher reimbursement.
4. DRGs only group and classify inpatients.

> ***One of the reasons that the original 383 categories were redefined was that there were excessive numbers of "outliers" or patients that did not fit into any category.***

Table 1. Comparison of Traditional and DRG Reimbursement Systems.

	Traditional	**DRG**
Payment mechanism is:	Per diem, or total hospital costs divided by patient days	By the case, or costs related to treatment of specific DRG
Payment unit is:	The patient day	The diagnosis
Calculation of rates:	Rates reflect hospital's own costs	Rates are derived from a blending of hospital-specific amounts based on each hospital's cost experience. National and regional (for nine census divisions) DRG amounts for both urban and rural hospitals. Transitional period—by October 1, 1986, payment will be 100% of the national urban or rural DRG rate.
Timeframe:	Retrospective	Prospective
System incentives:	Hospital has limited incentive to contain costs, since expenses are reimbursed retrospectively	Hospital profits from cost containment through receipt of "incentive" payments when length of stay is lower than "average," and experiences "disincentives" when costs exceed the standard.
Payers:	Commerical Payers are billed for costs disallowed by noncommerical payers	The system will apply to all Medicare participating hospitals, except psychiatric, long-term care, rehabilitation, and children's hospitals, and hospitals outside the 50 states and Washington, DC.

Source: Adapted from the 1982 Annual Report of the New Jersey Rate Setting Commission.

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In contrast with the New Jersey DRG prospective payment system, the national system will apply only to Medicare, not to all third party payers.

5. DRGs group patients into categories asserted to be homogeneous on the basis of length of stay data. Thus, DRGs are neither a standard of what should be done nor a measure of the quality of care [*33*].

Problems. Researchers have continued to find problems with the DRGs. Some have attacked the categories for lacking homogeneity. Others attack the lack of applicability of LOS (length of stay) to actual cost. Some applicants for reimbursement found that the categories were applicable only among the population originally tested. Others found that the age categories were not sharply enough defined. Because of these problems and others, in 1979 Yale researchers reformulated the DRGs using a new coding scheme *(International Classification of Diseases-9-CM)*.

Efforts toward solutions. As a result, a new categorization of diseases was produced that attempted to alleviate the problems. A national data base was employed to accommodate the regional objections to DRG applications. The Major Diagnostic Categories (MDCs) were reduced from 83 to 23. This change attempted to describe more closely the organization of medical practice according to medical specialty. Accommodation was made for outliers—that is, cases that do not fall into DRGs. Surgery was reclassified by presence in operating room and its categories were refined in the endeavor to reduce fraudulent upgrading of other diagnoses to merit surgery's higher reimbursement rates. Age was used more consistently.

After revision, the Yale researchers listed some of their assessments of the DRG weaknesses, and this produced a picture of an imperfect system painted by its own creators. Some homogeneity, in terms of discreteness, was admitted to be sacrificed for the sake of maintaining a manageable number of groups. Some of the dependence upon physician opinion to accommodate the classification scheme's goal of matching medical categories produced vulnerability to differences in therapeutic philosophy. Physicians may vary in their treatment of the same disease, and different treatment methods cost differently. Some diseases have no common treatment regimes. Some of the discharge abstracts lack staging of the disease. Readmission proves difficult when this information is absent. The population size of some small hospitals makes some categories meaningless.

Outliers and trim points. One of the reasons that the original 383 categories were redefined was that there were excessive numbers of "outliers" or patients that did not fit into any category. Joel notes that "trimpoints," or designated variance for each DRG, mark the bounds of allocation of the DRG's dollar amount [*34*]. If a diagnosis requires more or less expenditure than such an amount, the patient reverts to the traditional per diem and charge model. If the patient is discharged under the variance because of recovery, death, or interagency transfer, the full rate is not charged. Patients staying beyond the outer limits of the DRG are billed on a per diem basis. These outliers must be certified. This is to prevent the system's reversion to a completely per diem orientation by unanimous application for outlier status.

Connor raises the excellent point that with all New Jersey hospitals competing to maximize profits by charging less than the DRG state averages (and still get paid the DRG amount), the state average may well decline as a result. If the average declines, will competition really increase the hospitals' profits, or will the average only continue to descend and destroy profit dollars? Is the DRG method of reimbursement harboring long-run disincentives? Connor thus wisely recommends the intervention of a regulatory intermediary to ensure that public input determines a "floor beneath which the payment standard is not allowed to fall" [*35*].

Effect on Nursing

Several case-mix demonstration projects have included a nursing component, one of the most recent being the Case-Mix Nursing Performance Study executed during 1979 and 1980, and reviewed further below. The outcomes of the Case-Mix Nursing Performance Study were used to generate Relative Intensity Measures (RIMs) of nursing consumption [*36*]. This will be covered more extensively in a future article focusing on the challenge that DRG implementations pose for the role of nursing in health care.

DRG As a Management Information System

In addition to the Yale DRG study's statement of the cost-saving and managerial components of the DRG system, Bisbee and Bachofer underline the importance of the very structure of the DRG system itself as a management tool. They note,

> Case mix is important for management purposes because, along with the volume of patients admitted during the year, it influences the resources that a hospital will use. Staffing levels, capital equipment, and the type and quantity of supplies to be ordered are all influenced by the type of patients that will be admitted to the hospital. An effective case-mix system could enable the administrator to analyze the types of patients being admitted, to estimate the amount and type of resources required to treat those patients, and to monitor performance based on the types of patients actually admitted [*37*].

And they continue,

> There are four potential management applications of case mix information:
>
> 1. Resource allocation, including planning and budgeting.
> 2. Pricing, including rate setting and financial planning.
> 3. Cost and efficiency control, including standard setting, measurement of performance and productivity management.
> 4. Quality control, including utilization review and quality assurance [*38*].

The HCFA Prospective Payment Plan

What then does the HCFA plan have to do with all of this? New Jersey's plan, in requiring fixed ceilings on reimbursements for all payers, set the stage for the HCFA model.

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On or after October 1, 1983, Medicare payment for inpatient operating costs will be based on a fixed amount, determined in advance, for each case, according to one of 467 diagnosis related groups into which a case is classified. The prospective payment will be considered payment in full; hospitals are prohibited from charging beneficiaries more than the statutory deductible and coinsurance.

The HCFA Prospective Payment Policy replaces, for most hospitals, the retrospective cost-reimbursement system, the cost-per-case limits, and the rate-of-increase ceiling created by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), P.L. 97-248. In addition, through fiscal year 1985, payments for Medicare inpatient hospital costs under the prospective payment system will be no more or less than those projected under the TEFRA provisions.

As in New Jersey, cost data from previous years will be used by HCFA to develop a fixed rate per DRG. Medicare will pay a hospital a flat rate for each of 467 DRGs. If patient treatment in a DRG category costs a hospital less than this rate, the hospital keeps the surplus as profit. This is the first time that the government has endorsed such profit-making by nonprofit hospitals. If, however, patient treatment in a DRG category costs a hospital more than the prespecified Medicare DRG rate, the hospital absorbs the loss. Because of the varying expertise of different hospitals in various diagnostic categories, there will be DRGs that will make money for some hospitals and lose money for others.

Overall, the HCFA plan will incorporate those elements of the programs, piloted in New Jersey and other states, that can be easily administered on a national level. Discharged patients will be categorized into 467 groups based upon diagnosis, age, treatment procedure, discharge status, and sex. The program will begin nationwide on the hospitals' first accounting period on or after October 1, 1983. It will progress in a "stepped" or "layered" fashion, phasing in over a three-year period, as follows:

- In the first year, 25 percent of the payment will be based on regional DRG rates, and a 75 percent weighting will be based on the hospital's historic cost experience.
- In the second year, 50 percent of the payment will be based on a combination of national and regional DRG rates (25 percent national, 75 percent regional); 50 percent of the payment will be based on each hospital's last experience.
- In the third year, 75 percent of the payment will be based on a combination of national and regional DRG rates (50 percent national, 50 percent regional); 25 percent of the payment will be based on each hospital's cost-experience.
- By the fourth year, 100 percent of the payment will be based upon national DRG rates. including capital costs

In contrast with the New Jersey DRG prospective payment system, the national system will apply only to Medicare, not to all third-party payers. The national DRG category rates will be adjusted for rural and urban hospitals within nine census regions. Further, in addition to hospitals' historical cost data, rates will be based on annual industry-wide increases in hospital costs. For example, rates will be updated in fiscal years 1984 and 1985 using an index of the costs of goods and services purchased by hospitals plus one percentage point. After fiscal year 1985, DRG rate increases will be set according to the opinion of a commission of experts.

Also, in contrast with New Jersey's implementation, under the HCFA Prospective Payment Policy capital-related costs will be excluded from the prospective rate and will be progressively instituted as follows:

- For the first three years of implementation, capital costs other than return on equity will be reimbursed on a reasonable basis.
- Return on equity will be reimbursed at the same rate as the average interest rate on the Medicare Hospital Insurance Trust Fund, which is down one-and-one-half times from the current rate.
- After October 1, 1986, all capital costs, including return on equity, will be prospectively reimbursed.

Direct and indirect teaching costs will be dealt with in a manner similar to that in New Jersey.

The prospective payment will be considered payment in full; hospitals are prohibited from charging beneficiaries more than the statutory deductible and coinsurance.

- Direct teaching costs—including the costs of nursing education programs—will continue to be paid on a reasonable-cost basis. They will be excluded from the prospective payment determinations.
- Indirect teaching expenses will be reimbursed at twice the amount of the teaching adjustment under the Tax Equity Fiscal Responsibility Act (TEFRA).

New Jersey has implemented an extensive appeals process by which hospitals that believe they have somehow been misclassified under one DRG category or another can appeal these decisions. The appeal process is limited to improvements in clinical management of patient care. While the HCFA plan requires hospitals to contract with professional review organizations to review the quality of care provided, the appropriateness of Medicare admissions, and the appropriateness of care to patients designated as outliers, the extensiveness of the appeals process seen in New Jersey has not been replicated by HCFA. It may well be that the administrative complexities of administering appeals processes compelled the legislators to leave their adoption to individual state discretion.

Concerning state options for bypassing the DRG system, the Secretary of Health and Human Services can permit alternative cost-control systems so long as these do not result in Medicare expenditures above those under the DRG system. The criteria for these systems would be discretionarily set by the Secretary. A waiver for such exceptions would be submitted to the Secretary.

Excepted from the HCFA Prospective Payment Plan would be psychiatric, long-term care, and children's and rehabilitation hospitals. Also excepted would be hospitals in

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It is true that the DRG prospective billing system will bring about a major repositioning of the "carrots and sticks" that influence hospital behavior.

Puerto Rico and U.S. territories.

Physicians, as in New Jersey, will not be reimbursed according to medical diagnoses. The Secretary, however, will be required to collect data and to report to Congress concerning this issue by December 31, 1984, concerning the advisability and feasibility of including physician payments in DRG rates.

Quality control and system monitoring are to be implemented in relation to admission patterns and DRG categories. This kind of monitoring is already part of the cost limit program required by the 1982 law. For prospective payment, the medical review mechanism will identify unusual changes in the volume of admissions, case mix, total reimbursement, and discharge status. The cause of any such fluctuations will be investigated. Additionally, a system of DRG verification will be implemented to assure that the DRGs assigned to individual cases are correct, focusing in particular on their tendency to "creep" on into costlier classifications or "skimming" and only admitting the most profitable client.

The HCFA payment system will provide for a review of the prospective payment system itself by the Congressional Office of Technology Assessment (OTA). The OTA director is to appoint a 15-member commission of experts by 1984, including representation by physicians, nurses, health professionals, hospitals, business groups, and others. The commission will advise the Congress and the Secretary on prospective payment matters.

Conclusion

As Bisbee stated, "A change to DRG-based reimbursement would involve a major repositioning of the 'carrots and sticks' that influence hospital behavior [39]. In this sense, the new system will plunge health care into the competitive world of business. The system's incentives for efficiency along with the decreasing demand for inpatient hospital services will be the forces driving health care toward a competitive marketplace. All of this will require health care professionals with new kinds of managerial skills. From the perspective of expenditure and percentage of the gross national product, health care is the largest business in the United States.

How nursing will adapt to the demand for professional restructuring to accommodate the requirements of this business will be considered in a future article. What is important as a beginning is that nursing professionals immediately become informed of the implications of the new legislation that will quickly render obsolete their customary ways of looking at their work. It is true that the DRG prospective billing system will bring about a major repositioning of the "carrots and sticks" that influence hospital behavior. In New Jersey, it already has.

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APPENDIX B

APPENDIX B-1

THE EDUCATION OF NURSES [1]

A Rising National Concern

The American Nurses' Association (ANA) has proposed a change in the process by which our nation prepares its nurses for practice. This proposal calls for reducing a four-level system to two levels of nursing: the professional nurse, who would be required to have a bachelor of science degree in nursing, and an assistant technical nurse, who would have an associate degree in nursing, and work under the supervision of the professional nurse. Implementation date for this proposal is targeted by the ANA as 1985.

The four ways in which nurses may prepare at present are: registered nurses, who may receive their education through a four-year program leading to a baccalaureate degree, required for certain administrative, managerial, and some community health positions; a two-year associate degree program, offered by two- and four-year colleges and universities; a three-year diploma program combining on-the-job training administered by hospitals, with liberal arts courses taught at colleges and universities. All of these registered nurses shall have taken an examination administered by a state board of nursing in order to receive licenses. Of the 1.2 million R.N.'s licensed, 13 percent have the bachelor of science, 20 percent an associate degree, and 67 percent are diploma nurses. A fourth category, licensed practical nurses, are trained in various educational settings, including high schools, vocational schools, colleges, and hospitals over periods of nine to eighteen months. They also must pass an examination, different from the registered nurses', for licensing. Approximately 650,000 L.P.N.'s are presently licensed.

The changes called for in the ANA proposal are drastic. The diploma nurse and the licensed practical nurse, the two largest categories, are eliminated outright; and the status of the associate degree nurse becomes that of technical assistant instead of full-fledged nurse. Eighty-seven (87) percent of all nurse training programs would be altered or eliminated. Only the bachelor of science program would remain intact.

It is important at the outset to understand the nature of the American Nurses' Association. The ANA is a professional, registered nurses' organization, and is a union with a membership of somewhat fewer than 180,000, approximately 15 percent of the total number of R.N.'s in the country. They do not represent the licensed practical nurses, nor do they represent over one million R.N.'s who are not members. They appear to be disproportionately influential because the 85 percent of the nation's R.N.'s who are not members of ANA are either unaffiliated or belong to small, independent nurses' associations with little influence. (These independent nursing organizations have recently joined together to oppose ANA with a coalition known as the Federation

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[1] "A Position Paper by the National Advisory Council on Vocational Education in Response to The American Nurses' Association Proposal," Issue Paper No. 2, May 1980. Washington, DC: U.S. Department of Education.

of Independent Nursing Organizations (FINO)). Essentially, ANA strength and power emanate from their well-financed, well-organized, tri-level structure at the national, state, and district levels. With a payroll annually of over two million dollars, they are able to support state and national lobbyists who articulate their position.[1] The opposing nurses and the general public have no such united strength.

The American Nurses' Association asserts its proposal would bring a change for the better. The rationale is that a bachelor's degree for all practitioners would improve the quality of nursing care, and would therefore be in the public interest. Their position rests on the premise that nurses with baccalaureate degrees are better nurses.

The National Advisory Council on Vocational Education wrote to the American Nurses' Association, asking if they had any definitive proof of the superiority of baccalaureate degree nurses. Despite the fact that their case rests on this premise, they replied that further study is needed.

It was reported in the proceedings of the 1978 ANA Convention that one speaker stated the following:

> "There has been, since 1965, a great deal of interest in differences in the nursing practice of graduates of associate and baccalaureate degree programs, but systematic study of differences in clinical performance of graduates has been extremely limited. . . . What one study shows in differences in technical or communication skills, another fails to support, or contradicts. For each claim of distinction, other claims oppose that point of view. We are left with only individual differences as the difference in performance of graduates in work settings. That may not be the whole story, but the rest of it, for the moment is not clear."

An analysis of over 50 studies prepared by the Department of Health, Education and Welfare's Division of Nursing supported this conclusion, for the most part. In addition, the Council examined several other studies which raised doubts that the ANA position was tenable.[2]

In the face of lack of evidence that the proposed change would improve the quality of nursing care, the National Advisory Council was concerned about possible adverse effects of such change. It was reasonable to assume that this change could drive the cost of health care services upward; that it could shut down large numbers of the nation's nurse preparation programs; that it could result in the loss of jobs for some nurses; and that it would reduce available options and eliminate opportunities for many of our nation's aspiring young nurses, many from minority groups.

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[1] Labor Organization Annual Report - Form LM-2; File no. 000-233

[2] Prediction of Successful Nursing Performance, Parts I & II
P.M. Schwirian, Ph.D. DHEW Publication no. HRA 77-27, pp. 163-164

American Journal of Nursing, February, 1979, pp. 305-308. "How do Graduates of Different Types of Programs Perform on State Boards?"

R.N. Magazine - March, 1980, pp. 28-78 "Is the BSN Better?"

"Effects of Education on Nursing Performance," Lyman C. Dennis, II, Ph.D. and Janice K. Janken, R.N., M.S.N., September 22, 1978, Medicus Systems Corporation, Washington, D.C.

A consideration of costs led to the conclusion that longer training periods would increase expenses for provision of health care services. One analyst estimates that, if all nurse candidates must attend four-year schools, in order to achieve the same number of nurses we now have, training costs could rise by 39.5 percent, in terms of the current dollar alone. Figures projected for 1985 revealed that training costs could rise by more than 57 percent.[3]

Sharp cost increases are corroborated in U.S. News and World Report, April 21, 1980, p. 78-79. The article, "Biggest Boosts Yet in College Fees," states:

> "$10,000 for a year of college? It's coming next fall as one school after another falls behind in the race against inflation. Boosts in college costs in prospect for next fall are going to shock even the most inflation-wary students and their families. Increases in the double-digit range will be typical for most institutions, with some schools raising tuition and living costs by nearly 20 percent."

It's obvious what deleterious effect this will have on BSN training costs. Projected further, the increases will be reflected in higher costs of maintaining government hospitals and government military services, medicare costs, and private sector health costs, if the BSN should become mandatory.

It also is possible that the proposed change might result in a shortage of nurses. Recent ANA news releases indicate that the nationwide nursing shortage is approximately 100,000. The proposal conceivably could result in a further shortage, for, if all nurses were required to embark on a four-year training period, educational institutions would not be able to produce graduates at the present rate. Thus, the number of nurse candidates would be reduced. Such an additional shortage would prove costly, both in terms of dollars and decreased health services.

The National Advisory Council on Vocational Education has concluded that adoption of the ANA proposal would certainly affect nursing programs. According to 1977 data, there are 2,711 programs preparing nurses in

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3. Andrew K. Dolan, "The New York State Nurses' Association, 1985 Proposal: Who Needs It?" Journal of Health Politics, Policy and Law, Winter, 1978, pp. 508-536

this country. Of this number, only 349 are baccalaureate programs. All others -- associate degree, diploma, and licensed practical nurse programs -- either would be eliminated or drastically transformed. Over 87 percent of all the nurse preparatory programs in the United States would be affected (National League of Nursing).

The Council also is concerned about the effect on currently practicing nurses who do not have the baccalaureate degree. The ANA proposal calls for "grandfathering" them into the system -- allowing them to retain their licenses. However, the question is whether or not these nurses would be able to hold their jobs, or have job mobility, after establishment of the baccalaureate degree as a required credential. "Grandfathering," however, would then apply to registered nurses only. The ANA represents registered nurses exclusively, and allows no room in its proposal for the licensed practical nurse. Therefore, any LPN planning to continue a career in nursing would be forced to seek additional training, obtaining the associate degree as a minimum.

The National Council believes that adoption of this proposal would reduce career options. It seems reasonable enough to require, as the present system does, that certain administrative positions be assigned to nurses with baccalaureate degrees. However, should the nurse not aspire to such a position, the need for the bachelor's degree is less apparent. Associate degree programs already have proved that all the required health care courses can be accomplished in the space of two years, and the two-year program, as offered by community colleges, provides a low-cost, locally accessible option for students who otherwise would not have the opportunity to pursue a registered nurse career. In this group are members of disadvantaged populations -- racial minorities, displaced homemakers, and persons who may not have immediate geographic access to universities. In these cases, the curtailment of career opportunities is particularly regrettable.

Although licensed practical nurses possess less technical knowledge than registered nurses, they nevertheless constitute the backbone of direct patient care in this country. The LPN course of instruction lasts only nine to eighteen months, and in some cases is available in secondary schools, thus providing a career option which is even more accessible than that provided by the associate degree program. The ANA proposal would appear to eliminate this option.

Finally, there is the diploma nurse, graduate of an intensive three-year, in-hospital course of instruction, which provides more on-the-job training than any other nurse-preparation program. An excellent statement of the value of this type of training and its desirability as a career option was carried in the March, 1979 issue of RN Magazine. A graduate of a diploma program, then studying for her baccalaureate degree, was quoted as follows:

> "My diploma school training was so difficult and demanding that it weeded out those who didn't have tremendous dedication to bedside nursing. At the time I didn't know what kept me

> going, but now, some twelve years later, I do know -- interest in people and a tremendous satisfaction in caring for them.
>
> "In my experience, the BSN programs have eliminated the struggle and sacrifice and supplanted them with a traditional academic schedule -- semester breaks, vacations, no night work, and no long hours facing crisis after crisis. That to me is the test of nursing mettle. I've met excellent AD and BSN nurses, but initially their patient care approach is different. Only after going through reality shock and adjusting to the demands of nursing -- sometimes grudgingly -- do they learn the great feeling one obtains from caring for others. Diploma students learn that from the beginning, or they drop out or are dropped."

It is within the prerogative of most state legislatures to change licensing laws pertaining to nurses. To date, no state legislatures have adopted changes as recommended by the ANA. The New York State Legislature, for the past three years, has considered the ANA program, and has declined to accept ANA recommendations.

Nevertheless, enactment of ANA's position has become fact in many of our health-care institutions. Promotions are being denied on the basis of merit, experience, and ability, in favor of arbitrary new job descriptions requiring a bachelor of science degree for head nurses, supervisors, coordinators, and such. Information suggesting the likelihood of enactment already has resulted in declining enrollment in diploma, associate degree, and licensed practical nurse schools. The diploma schools are rushing to link up with universities and are abandoning their diploma status, causing students and institutions to face dramatic tuition increases, longer training periods, and resulting in the denial of initial entry to many prospective students because of these factors. An attempted change in testing and credentialing to differentiate among the R.N. levels is looked upon by many as a first step in implementation of the 1985 ANA position. These elements apparently affect the very high attrition rate, i.e., the dropping out of nurses due to a sense of hopelessness and uncertainty. The injection of these career-threatening factors is demoralizing, and has created a general sense of fear and confusion which pervades the profession. If this trend is permitted to continue, and if a strong counter move is not initiated, the result will be a grave loss to the public of vitally needed health care personnel and the vocational institutions which train nurses. The ANA policy will become a de facto law -- it actually will be in place without so much as approval by a single state legislature. When all major avenues of entry into the profession are closed due to lack of support, the proposal already will be implemented. The ANA illusion is slowly becoming a reality.

In the interest of the public good, this cannot be permitted to continue. The present proven system of four routes to a nursing career must not be traded for a system whose potential for success is based on mere conjecture.

In the face, then, of all these considerations: cost in terms of dollars, reduced options, loss of valuable members of the health care profession, and reduction of opportunities for special and disadvantaged populations, the National Advisory Council on Vocational Education has concluded that implementation of the ANA proposal would not be in the national interest. The investigation of the issue gathered opinions and information from various health care and educational organizations. Most of them also are in opposition to the proposal. A summary of the rationale of eight different organizations on this subject is presented in the Appendix to this paper.

On March 19, 1979, the National Advisory Council on Vocational Education moved to disseminate its findings concerning the issue of entry-level nursing, and adopted a resolution opposing the position of the American Nurses' Association. The resolution, unanimously reaffirmed at the Council meeting of November 2, 1979, is as follows:

WHEREAS: The American Nurses' Association has taken the position that minimum preparation for beginning professional nursing practice should be baccalaureate degree education in nursing and that all associate degree nurses should serve as professional nurses' assistants; and

WHEREAS: There is no conclusive evidence that this proposal will result in improved health care services; and

WHEREAS: Implementation of the position would eliminate the diploma nurse and the licensed practical nurse; and

WHEREAS: Diploma nurse training programs, licensed practical nurse training programs and associate degree programs currently offer viable options to persons desiring a career as a nurse; and

WHEREAS: All four types of nurse training programs produce valuable members of the health care delivery system; and

WHEREAS: Implementation of the American Nurses' Association's position would increase the cost of health care services; and

*WHEREAS: Implementation of the proposal would result in disfranchisement of career opportunities for and discrimination against several disadvantaged and special populations including (1) racial minorities, (2) displaced homemakers, and (3) those who do not geographically have access to universities;

THEREFORE, BE IT RESOLVED: That the National Advisory Council on Vocational Education oppose the position of the American Nurses' Association and support the continuance of all four routes to a career in nursing: baccalaureate degree, associate degree, diploma, and licensure of practical nurses.

The National Council thus reached its conclusion that it is not in the national interest to alter the manner in which nurses are prepared, and recommends that the ANA proposal not be adopted.

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* This clause was added at the November 2, 1979 meeting.

POSITIONS OF HEALTH AND RELEVANT EDUCATIONAL ASSOCIATIONS WITH RESPECT TO THE ANA PROPOSAL

PRO

National Student Nurses' Association. Rationale: Nursing as a profession lags far behind other health professions in the length and breadth of its education for beginning practice. In fact, nursing lags behind teaching, library science, engineering, and a host of other fields. NSNA believes it is time that nursing share an education that is at least similar to those of other professions. In addition, and perhaps more important, the knowledge needed for the practice of nursing has increased exponentially and continues to do so. A nurse without a broad education in the arts and sciences simply is not able to adjust to the changing world of health care. As professional nurses expand their practices, assistants to nurses, by whatever name, must be prepared to step into the breach with sufficient education to carry the responsibilities many of them now are assuming. The NSNA does not believe that costs should rise except as costs generally rise. The cost of educating nurses would be borne more equitably by the people as a whole. If national health insurance comes into being, costs of nurses' services would be a part of that cost. Actual nursing service costs today are not accurately known. NSNA recommends that NACVE accept ANA's position as inevitable and work with community colleges to help them plan programs that will meet the needs of students who plan a career in nursing short of professional nursing.

CON

American Association of Community and Junior Colleges. Rationale: To increase the entry level degree requirement would reduce the number of persons qualifying for registered nurse practice. The persons most likely to be unable to meet the requirement would be those community colleges which have been most successful in drawing into such programs persons with low income, from traditionally non-college-attending families, and older women with responsibilities at home. Locally accessible, low-cost community college ADN programs have opened up nursing careers to these and other persons who would be shut out if attendance at four-year colleges became a requirement.

American Health Care Association. (formerly the American Nursing Home Association). Rationale: Nursing homes and other long-term care facilities provide unique clinical settings. Most facilities are relatively small, give significant decision-making responsibilities to licensed nurses, and often are located in non-urban areas. AHCA's greatest concerns are that the 1965 position, if implemented, would adversely affect the clinical competence of new nursing graduates, diminish the nurse manpower pool, and prevent facilities from meeting staffing requirements.

National Federation of Licensed Practical Nurses. Rationale: There are no acceptable bases or demonstrated needs from which alteration of the requirements for the licensure of practical nurses can be effected in the present. The present licensing credential for practical/vocational nursing is sound and should be allowed to continue.

National Association for Practical Nurse Education and Service, Inc. Rationale: Existing practical/vocational nursing programs have demonstrated that they can prepare knowledgeable, skilled and dedicated health care providers. Practical nursing programs have provided rewarding career opportunities to literally thousands of highly committed, competent persons because of their shorter period of training, lower tuition and vocational focus. These characteristics make practical nursing accessible and acceptable to many persons interested in and adapted to caring for the sick, who otherwise would be lost to the nursing profession due to lack of finances and the need to enter the employment market as rapidly as possible. The critical issue of ever-increasing costs in health care must be borne in mind in any consideration of extending the length of time for the education of health providers. The expense of education is a serious concern and, in response, we believe that nurses should be prepared in as short a time as is consistent with high quality graduates.

American Vocational Association. Rationale: No conclusive evidence has been presented to support the contention that these changes will improve the quality of health care, or better meet the basic health needs of society, or provide better educational opportunity to those who desire entry into practice in the health field; the changes are being proposed without adequate input and cooperative planning with all representative worker, employee, consumer and educational groups; and implementing the changes would lead to rapidly escalating costs of preservice education and subsequent manpower shortages in the health field. (From AVA resolution passed at the December 1978 convention).

National League for Nursing. Rationale: Support for the four types of nursing programs – associate degree, baccalaureate and higher degree, diploma, and practical nursing – represents the League's belief in a value system that reflects the health care needs of a pluralistic democratic society as well as the needs of a profession in the process of growth and change. The impetus for the right of access to health care, and the economic, social and political factors affecting society at large will continue to influence the development of health care. Thus, the League believes that in the interest of the nation's health, individuals who wish to enter nursing should be free to choose from a number of alternatives, each of which legitimately fulfills the purpose of the profession's uppermost goal: to meet the health care needs of the nation.

ABSTAINING

American Medical Association. Although the American Medical Association is not officially commenting on the position of the ANA, in their "Statement on Medicine and Nursing in the 1970's," they state that they support all levels of nurse education – diploma, baccalaureate, associate degree, and practical nursing.

American Hospital Association. A poll of the State Hospital Associations produced the following results: There were 44 responses out of 51. Twenty-three have adopted a formal position against ANA's, 19 are opposed to ANA but have not taken a formal position, and 2 have said they could adapt to the ANA position but not by 1985.

Division of Nursing, Department of Health, Education and Welfare. *
No comment provided.

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* Now Department of Health and Human Services

☆ U.S. GOVERNMENT PRINTING OFFICE: 1980 O—625-923/2043 REGION 3-1

APPENDIX B-2

Activities and Analysis of Resolution Related to the "1985 Proposal on Entry Into the Practice of Nursing"

The following were extracted from a position paper by the Iowa Program in Health Occupations Education (August 15, 1980):

In 1965, the American Nurses Association (ANA) issued a position paper which called for two levels of preparation for nursing, the Professional Nurse prepared at the baccalaureate degree level and the Associate Nurse prepared at the associate degree level. This position paper ("A Position Paper: Educational Preparation for Nurse Practitioners and Assistants to Nurses," American Nurses Association, 1965) stated that education for nurses should take place only in institutions of higher education. (Later) resolutions of the ANA set target dates for implementation of this concept, and actions of other state nurses associations and proposed legislation in New York led to these actions being commonly referred to as the "1985 Proposal on Entry into Nursing Practice."

Implementation of two levels of nursing in Iowa could have major implications for consumers of health care as well as both the practical nurse and associate degree nursing programs. . . . From the stand point of the individual planning to enter the nursing field, adoption of the ANA position would greatly limit opportunities and increase costs particularly at the Professional Nurse level. Associate Nurses would continue to be prepared in community colleges and technical institutes that are more geographically available with a lower tuition cost than when compared with four year colleges which would be the only institutions preparing professional nurses. Such a change could potentially separate the technical level from the professional level on racial, economic and geographic factors, none of which would be acceptable in today's society.

While educational preparation is vitally important, it should be recognized that employment experience and individual competence contribute a great deal to the professional role of nurses. Studies dealing with the utilization of registered nurses, while not conclusive, have shown that utilization or competence are not related to level of preparation. . . .

A variety of local, state and regional organizations and groups adopted resolutions or prepared position papers in opposition to the plan. The resolutions stand, in general, opposed to the position on entry into the practice of nursing taken by the American Nurses Association. Some of the resolutions specifically call for continued recognition of the licensed practical nurse. Others are more general and call for continuation of all four types of educational preparation for nurses . . . including the practical nurse programs, the associate degree programs, the diploma programs and baccalaureate degree programs. Yet others address the continuation of the ADN as the appropriate entry level to registered professional nursing.

The most common rationale for these positions are:

1. Cost effectiveness - from the potential nursing students' standpoint as well as that of the consumers of nursing care.

Appendix B-2
Page 2

2. Staffing needs of health care institutions and a concern for further problems the two levels of nursing would create in terms of reducing the number of available nurses. Several mention shortages of nurses, maldistribution of nurses and other supply-demand problems likely to be compounded if two levels of nursing are implemented.

3. Potential discrimination resulting from all nursing education being transferred to institutions of higher education. Several groups see this as denying low income, socially/culturally less advantaged and racial minorities opportunity to enter nursing education programs they can afford and/or are within reasonable geographic distance. One group feels that if the ANA position is adopted, professional nursing will become predominately a white upper middle class group.

4. Career mobility - most groups feel the current structure (four types of nursing education) is viable and strongly encouraged a well planned system providing mobility from one level or type preparation to the next.

5. Research - several groups indicate that a major change such as that proposed by ANA must be based on sound research confirming its necessity and that such research must be the combined effort of all involved including the consumer, not done unilaterally. . . .

These resolutions represent the following groups:

1. State associations of practical nurse faculty and associate degree nurse faculty.[1]

2. State associations of vocational, technical and higher education administrators.

3. State hospital associations.

4. State federations of licensed practical nurses.

5. State advisory councils of vocational-technical education.

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[1] The "Bibliography of Resolutions and Positions of State Associations Relating to Entry Into the Practice of Nursing" included the Pennsylvania Associaton of Coordinators of Practical Nursing Programs, "Position Statement on Practical Nursing," June 6, 1978.

APPENDIX C

OCCUPATIONAL DESCRIPTION: LICENSED PRACTICAL NURSES
D.O.T. 079.374-014
Occupational Outlook Handbook, 1982-83

Nature of the Work

Licensed Practical Nurses (LPNs) help care for the physically or mentally ill and infirm. Under the direction of physicians and registered nurses, they provide nursing care that requires technical knowledge but not the professional education and training of a registered nurse. In California and Texas, licensed practical nurses are called licensed vocational nurses.

In hospitals, LPNs provide much of the bedside care. They take and record temperatures and blood pressures, change dressings, administer certain prescribed medicines, and help patients with bathing and other personal hygiene. They assist physicians and registered nurses in examining patients and in carrying out nursing procedures. They also assist in the delivery, care and feeding of infants. Some practical nurses work in specialized units such as intensive care or recovery rooms. There they perform special nursing procedures and operate sophisticated equipment to provide care for seriously ill or injured patients. In some instances, experienced LPNs supervise hospital attendants and nursing aides.

LPNs who work in private homes provide day-to-day patient care that seldom involves highly technical procedures or complicated equipment. In addition to providing nursing care, they may prepare meals, see that patients are comfortable, and help keep up their morale. They may teach family members how to perform simple nursing tasks.

In doctors' offices and in clinics, LPNs prepare patients for examination and treatment, administer medications, apply dressings, and teach patients prescribed health care regimens. They also may make appointments and record information about patients.

Working Conditions

Practical nurses in hospitals generally work 40 hours a week, but often this includes some work at night and on weekends and holidays. Although the work is not strenuous, they often must stand for long periods and help patients move in bed, stand, or walk.

In private homes, LPNs usually work 8 to 12 hours a day and go home at night. Private duty nursing affords a great deal of independence in setting work hours and the length and frequency of vacations.

Employment

About 550,000 persons worked as LPNs in 1980, according to the U.S. Public Health Service. About three-fifths worked in hospitals. May others worked in nursing homes, rehabilitation centers, psychiatric hospitals, and other long-term care facilities. Some LPNs had jobs in clinics or doctors' offices. Self-employed nurses worked in hospitals or in the homes of their patients.

Training, Other Qualifications, and Advancement

All States and the District of Columbia require practical nurses to have a license. To qualify, applicants must complete a State-approved practical nursing course and pass a written examination. Educational requirements for enrollment in State-approved programs range from completion of eighth or ninth grade to high school graduation. Many schools do not require a high school diploma but prefer graduates. In addition, physical examinations and aptitude tests are usually required.

In 1980, about 1,230 State-approved programs provided practical nursing training. Trade, technical, or vocational schools offered more than half of these programs. Other programs were available at community and junior colleges, hospitals, and health agencies. Several programs operated by the Armed Forces for military personnel were State-approved for practical nurse training. Graduates of these programs can apply for licensure.

Practical nurse training programs generally last 1 year and include both classroom study and clinical practice. Classroom instruction covers nursing concepts and principles and related subjects including anatomy, physiology, medical-surgical nursing, pediatrics, obstetrics, psychiatric nursing, administration of drugs, nutrition, first aid, and community health. In addition, students receive supervised clinical experience--usually in a hospital.

Lpns should be emotionally stable and have a deep regard for human welfare, because work with the sick and injured can be upsetting. As part of a health care team, they must be able to follow orders and work under close supervision.

Advancement opportunities are limited, although in-service educational programs prepare some LPNs for work in specialized areas, such as post-surgery recovery rooms or intensive care units.

Increasingly, however, practical nurse training programs are being designed to allow practical nurse graduates to continue their education, eventually satisfying the formal requirements for registered nurse. For example, in over 80 associate degree RN programs, the first year of study satisfies the educational requirements for LPN. After this first year of study, students can apply for licensure as a practical nurse and begin working, or complete both years of coursework and seek licensure as a registered nurse.

Job Outlook

The employment outlook for LPNs should be very good through the 1980s. Employment is expected to rise faster than the average for all occupations in response to the needs of a growing and aging population and the widespread availability of public and private health insurance. Also, newly licensed practical nurses will be needed each year in large numbers to replace those who retire or leave the occupation for other reasons.

Occupational Description: LPNs
Page 3 of 3

Earnings

According to surveys conducted by the Bureau of Labor Statistics, LPNs in hospitals earned about $12,500 a year in 1980, on average, while those in nursing homes earned about $11,400 a year.

Federal hospitals offered beginning LPNs an annual salary of $8,952 in 1980.

Many hospitals give pay increases after specific periods of satisfactory service. Paid holidays and vacation, health insurance, and pension plans are typical benefits provided by hospitals.

Related Occupations

Other jobs that involve working closely with people while helping them include: Emergency medical technician, social service aide, and teacher aide.

Sources of Additional Information

A list of State-approved training programs and information about practical nursing is available from:

National League for Nursing, 10 Columbus Circle, New York, N.Y. 10019.
National Association for Practical Nurse Education and Service, Inc., 254 West 31st St., New York, N.Y. 10001.

For information about a career in practical nursing:

National Federation of Licensed Practical Nurses, Inc., 250 West 57th, New York, N.Y. 10106.

Information about employment opportunities in Veterans Administrations hospitals is available from local Veterans Administration hospitals and from:

Department of Medicine and Surgery, Veterans Administration, Washington, D.C. 20420.

Source: U.S. Department of Labor, Bureau of Labor Statistics. "Licensed Practical Nurses," Occupational Outlook Handbook, 1982-83 Edition Washington, D.C.: U.S. Government Printing Office, March 1982, pp. 397-399.

APPENDIX D

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CURRICULUM OF INSTRUCTION FOR PRACTICAL NURSES IN PHILADELPHIA PUBLIC SCHOOLS

DECEMBER 1, 1947

School District of Philadelphia
The Board of Public Education

A NEW ONE-YEAR COURSE IN PRACTICAL NURSING

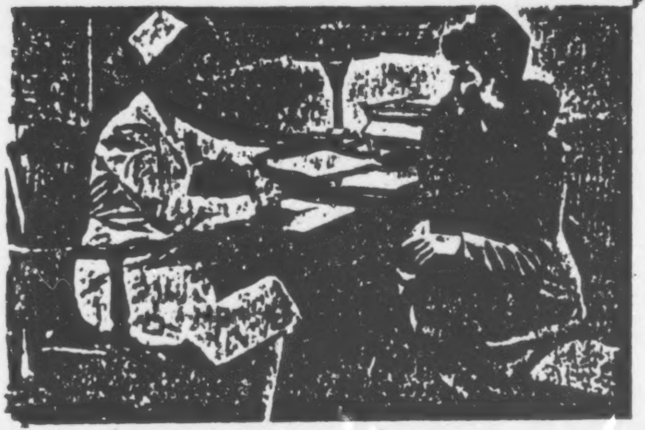
The course is free. You pay no tuition.

Classes will be limited to 20 students. This will give you the advantage of individual instruction.

HOW YOU CAN QUALIFY

To be eligible you should be:

1. A resident of Philadelphia.
2. Between 18 and 50 years of age.
3. In good health.
4. An American citizen or have first papers.
5. Have one year's high school training or its equivalent.
6. Good character references.
7. A genuine liking for people.
8. An interest in caring for the sick.



Before Enrolling in the Course, a Personal Interview Is Required

WHERE YOU CAN TRAIN

You will have three months of training in the Philadelphia public schools. You will then receive nine months' training in a hospital. For your convenience, every effort will be made to locate you in a hospital near your home.

The school week will be from Monday to Friday—8:15 A. M. to 3:15 P. M. Practical instruction will conform with hospital regulations with no more than eight hours per day of actual work.

The course is free but you supply your own uniform (approximately $28), white shoes and stockings, fountain pen, and a watch with a second hand. There are no other expenses.

WHERE YOU CAN SERVE

In the Home

When Mother and Baby return from the hospital.

When care is needed for non-acute illness or convalescence.

As a nurse-companion to an older man or woman.

In the Hospital

To assist professional nurses with ward duties.

In general or specialized hospitals.

In institutions, nurseries or homes for the aged.

THE PRACTICAL NURSE—
PRACTICALLY INDISPENSABLE

CONTENT OF THE COURSE

The first three months of basic traini are devoted to class room and practice preparation for the care of the patient. 1 course includes lectures, demonstratio work in nutrition, nursing procedures a home management.

The following subjects are included:

Nursing techniques, mother and cl care, foods and nutrition, care and mana ment of the home, care of non-acute, c valescent and chronic patients, first a and diversional occupations.

In hospitals you will develop further kno edge and skills in the care of the patic This training will be given by qualified p fessional nurses in conjunction with ho economics teachers.

Upon completion of the course you be given a certificate by the School Dist of Philadelphia.

Students Preparing Instruments, Relieving Professional Nurses for the Critically Ill

December 1, 1947

Curriculum of Instruction

FOR PRACTICAL NURSES

in the Philadelphia Public Schools

A three-months' course of classroom instruction, to be followed by nine months of in-service training in affiliated hospitals. First classes were enrolled October 15, 1947. Additional groups will be admitted at three-months intervals.

I. REQUIREMENTS FOR ADMISSION:

1. Philadelphia residence.
2. Age between 18 and 50 years.
3. Good health.
4. American Citizenship or first papers.
5. One year of high school education.
6. Good character references.
7. A genuine liking for people.
8. An interest in caring for the sick.

II. OBJECTIVES OF COURSE:

1. Ability to care for:
    - (a) Convalescent patients.
    - (b) Chronic invalids.
    - (c) The aged.
    - (d) Convalescent maternity patients and their babies.
    - (e) Semi-acutely ill and patients not needing highly technical treatment.
2. Preparation to serve as nursing assistants in hospitals.
3. Training for housekeeping as well as nursing duties in the home.
4. Understanding of relationships to the physician, the registered nurse, the patient, the family and the community.
5. Understanding of the care and normal development of well children. This is essential to the patient's peace of mind and to establishment of a desirable home situation.

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III. OUTLINE OF COURSES OF INSTRUCTION:

Subjects to be presented in classroom or laboratory by the Philadelphia Public Schools during initial three-months' period (a total of 370 hours).

1. Elementary Nursing Techniques: (130 hours)

Normal body structures: functions.
Hygiene in illness.
Signs of illness and abnormality.
Mental and emotional reactions to illness.
Prevention of disease: personal and community.

Underlying principles of good nursing.
Types of bed making.
Types of baths.
Care of skin, pressure areas: their prevention.
Care of mouth, teeth, hair, nails, etc.
Temperature, pulse and respirations (charting).
Observation and importance of symptoms.
Method of applying local applications.

Simple medication in the home.
Preparation and giving of Insulin.
Morning and Evening care of the patient.
Administration of simple and retention enema.
Preparation of simple dressings, gloves, etc.
Administration of throat spray: gargle.
Preparation and use of simple solutions.
Application and use of binders.
Assistance with physical examinations.

Care of flowers and plants.
Diet in Disease.
Death - preparation of body.

2. Ethics and Working Relationships: (15 hours)

Attitude of practical nurse toward patients, physicians, supervisors and co-workers. Attitude toward organizations, registration. Attitude toward the patient's family and responsibility to the community.

3. Care of Self and Personal Development: (15 hours)

Elements of personal hygiene: self care in the presence of illness. Personality adjustment required to meet illness. Elements of mental hygiene in the development of self-respect and personality.

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4. Care of Mother and Baby: (15 hours)

   Factors of normal post partum convalescence in the mother and her needs. Care of the newborn required and adjustment to home environment.

5. Care of Normal Child - Its Development: (15 hours)

   The normal child - its physical and mental needs - normal development and behavior. Signs of minor illness and emergency care in children.

6. Care of Patients in Certain Types of Illness: (15 hours)

   Nursing techniques as applied to chronic or sub-acute illness, the aged, and the convalescent patient.

7. (a) Foods and Nutrition: - 8. (b) Care and Management of Home: (150 hours)

   (a) Foods as a factor in illness and health; their selection and preparation. Serving trays. Care of kitchen equipment.

   (b) Household management and hygiene. Methods of home care - community sanitation and safe water supply.

9. First Aid: (5 hours)

   First Aid principles to meet common emergencies.

10. Diversion Therapy: (10 hours)

    Diversion therapy, its importance as a factor in recovery: as a form of mental hygiene for the Chronic illness.

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IV. **Nursing Techniques in which students will be instructed during the initial 3-months' classroom period, and which they will be prepared to perform during the hospital affiliation.**

Strip a bed. - Make an open bed. - Make a closed bed. - Make an ether bed. - Fan bed clothing. - Use of bath blanket.

Dress and undress patient. - Move and turn patient. - Make bed with patient. - Remove and replace patient's gown.

Give a bed pan. - Give morning care. - Give evening care. - Prepare a backrest. - Put patient on backrest. - Get convalescent patient into wheelchair.

Care of bed sores. - Care of patient's hair. - Care of patient's teeth. - Rub a patient's back. - Give a simple body rub. - Prepare and give S.S. enema. - Prepare and give oil enema.

Take temperature, pulse, respirations. - Prepare and give Insulin (in the home only). Prepare and pass a rectal tube. - Prepare and apply mustard plaster. - Prepare and apply flaxseed poultice.

Learn safety rules for home medications. - Comfort and safety devices. - Assist patient to void. - Prepare and apply a hot water bottle. - Prepare and apply ice cap. - Apply a binder. - Prepare and give sponge bath. - Prepare and give perineal care.

Collect specimens. - Chart temperature, pulse, respirations. - First Aid (in home only). - Care of plants and flowers.

Care of incontinent patient. - Care of dying patient. - Care of patient after death.

Assist with examination of patient (adult & child). - Surgical supplies. - Care of instruments.

Prepare and give baby bath (in the home only). - Give oil bath. - Apply abdominal binder. - Prepare solutions for tray (in the home only).

Dress baby. - Plan and buy layette. - Care of baby clothes. - Care of diapers.

Prepare feedings, formula (in the home only). - Feed baby. - Give enema, suppositories (in the home only).

Arrange place for sleeping. - Understand normal development of baby.

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V. ROTATION OF SERVICES IN AFFILIATED HOSPITALS:

A - General Hospitals

Medical Service - Men	28 days
" " - Women	28 "
Surgical Service - Men	28 "
" " - Women	28 "
Children Service -	28 "
Maternity (Mother and Child 5 days after delivery)	50 "
Night Duty -	14 "
Diet Kitchen -	14 "
- TOTAL -	28 weeks
B - At Home for Incurables	8 "
	36 weeks

VI. Form of letter for use by hospitals in requesting affiliation for in-service training of students enrolled in the Practical Nursing Course of the School District of Philadelphia.

Date ____________

TO: Miss Catherine F. Grant
Room 108, Fleisher Vocational School
13th and Green Streets
Philadelphia 23, Pa.

Our hospital wishes to affiliate with the School District of Philadelphia in providing working experience for the students enrolled in the Practical Nursing Course.

The hospital will provide each such person with one meal per day, plus laundering of uniforms and compensation at the rate of $30 per month. The hospital will also rotate them through the various services in the hospital according to the schedule submitted by the schools, and will adhere as closely as possible to the duties listed.

The person in our hospital who will coordinate the trainees' services, if an affiliation is developed, will be ________________________.

Hospital ________________

By ________________

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APPENDIX E

APPENDIX E

PRACTICAL NURSING EDUCATION IN THE PUBLIC SCHOOLS OF PENNSYLVANIA

Commonwealth of Pennsylvania
Department of Public Instruction
January, 1960

Chapter Four

THE INSTRUCTIONAL PROGRAM

The purpose of the practical nurse training program is to provide learning experiences necessary for men and women to become qualified members of the health team in giving total patient care.

I. Length of Program

The program of practical nurse training consists of 52 weeks. The preclinical phase provide 16 to 20 weeks of instruction. Most schools plan for a 40-hour week which includes 30 hours of instruction, five hours of supervised study and one hour for lunch. This allows 480 to 600 hours of instruction.

The clinical period provides for 28 to 32 weeks of practica and instruction in the affiliating agency. During this period the week shall be 40 hours including classroom and bedside instruction.

Included in the instructional program are two to four weeks vacation. Since this is a part of the total program, all vacation time must be shown on the students' records. During the preclinical period holidays given by the public school system are counted as vacation time. Holidays given by the affiliating agency are counted as practical experience days providing not more than one day is allowed for any one holiday. Any part of the stipulated vacation time which has not been given during the preclinical period may be allowed before or during the clinical period or may be terminal. If a terminal vacation is given, the date of completion of the course is the last vacation day.

II. Preclinical Period

A. Related Subjects (120-136 hours)

1. Body Structure and Function — 32-34 hours
    - a. Basic anatomy and physiology of the normal body
    - b. Concept of the process of reproduction

2. Personal and Vocational Relationships — 32-34 hours
    - a. Fundamentals of ethical, psychological, social, and human relationships
    - b. Civil, vocational, and logal implications
    - c. Personal and vocational growth

3. Personal and Community Health — 32-34 hours
    - a. Good mental and physical health habits and their application to personal and community living, disease transmission and control

- b. Sanitary laws and methods commonly used to protect health and promote safety in the community
- c. Appreciation of the importance of parental care

4. Introduction to Conditions of Illness Symptomatic approach to illness, in which the general deviations from normal body functions are considered together with such nursing problems as may arise from functional disturbances	24-34 hours

B. Nursing Skills (264-300 hours)

1. Nursing principles and Practices Principles underlying nursing skills, with practice, in order to develop fundamental skills	248-290 hours
2. Diversional and Rehabilitative Activities Overview of simple, recreational, diversional, and rehabilitative activities	16 hours

C. Family Living (96-100 hours)

1. The Family	48-50 hours

- a. Stages of development and functions of the family
- b. Conditions for successful family living
- c. Normal growth and development of the child; Characteristics of the aging process
- d. Management of the home in health and illness

2. Nutrition and Foods	48-50 hours

- a. Principles of Nutrition; Nutrition as an important factor in attaining physical fitness
- b. Food preparation--Modified and special diets

III. Clinical Period

A. Medical Nursing Included in this service should be the care of the aged and chronically ill	7-10 weeks
B. Surgical Nursing In those affiliating institutions where there is a segregated central supply room and recovery room, one week in each of these is recommended	7-10 weeks

C. Maternity Service	6 weeks
1. Care of Mothers (4 weeks)	
2. Care of Newborns (2 weeks) Experience in Labor and Delivery Rooms is recommended	
D. Pediatrics	4 weeks
1. Care of children (3 weeks)	
2. Formula Preparation (1 week)	
E. Diet Kitchen	2 weeks

F. Electives should be a planned part of the clinical curriculum

Note: At least one hour each day should be set aside for planned clinical instruction. A minimum of four hours each week is required.

APPENDIX F

SCHOOLS OF PROFESSIONAL NURSING
Approved Registered Nursing Programs, Pennsylvania, 1983

HOSPITAL DIPLOMA PROGRAMS

Fully Approved

1.	Abington Memorial	Abington
2.	Albert Einstein Medical Center	Philadelphia
3.	Allentown	Allentown
4.	Altoona	Altoona
5.	Brandywine	Coatesville
6.	Bryn Mawr	Bryn Mawr
7.	Chester County	West Chester
8.	Chestnut Hill	Philadelphia
9.	Citizens General	New Kensington
10.	Community Medical Center	Scranton
11.	Conemaugh Valley Memorial	Johnstown
12.	Episcopal	Philadelphia
13.	Frankford	Philadelphia
14.	Geisinger Medical Center	Danville
15.	Germantown	philadelphia
16.	Jameson Memorial	New Castle
17.	Lancaster General	Lancaster
18.	Lankenau	Philadelphia
19.	Louise Suydam McClintoc of St. Margaret Memorial	Pittsburgh
20.	Memorial - Roxborough	Philadelphia
21.	Mercy	Altoona
22.	Mercy	Pittsburgh
23.	Mercy	Scranton
24.	Methodist	Philadelphia
25.	Northeastern	Philadelphia
26.	Ohio Valley General	McKees Rocks
27.	Pittston-NPW Medical Center	Pittston
28.	Pottsville	Pottsville
29.	Presbyterian-University of Pennsylvania Medical Center	Philadelphia
30.	Reading	Reading
31.	Robert Packer	Sayre
32.	St. Agnes Medical Center	Philadelphia
33.	St. Francis General	Pittsburgh
34.	St. Francis Hospital of New Castle	New Castle
35.	Saint Joseph	Lancaster
36.	St. Joseph's	Reading
37.	St. Luke's	Bethlehem
38.	Saint Vincent Health Center	Erie
39.	Sewickley Valley	Sewickley
40.	Shadyside	Pittsburgh
41.	Sharon General	Sharon
42.	Uniontown Hospital Association	Uniontown
43.	Washington	Washington
44.	Western Pennsylvania	Pittsburgh
45.	Williamsport	Williamsport

Schools of Professional Nursing
Page 2 of 3

Initally Approved

46.	Philipsburg School of Nursing of Central Pennsylvania, Nursing Education Consortium, Inc.	Philipsburg

ASSOCIATE DEGREE NURSING PROGRAMS

Fully Approved

1.	Allegheny Campus, Allegheny County Community College	Pittsburgh
2.	Alvernia College	Reading
3.	Beaver County Community College	Monaca
4.	Bucks County Community College	Newtown
5.	Butler County Community College	Butler
6.	College Center-North, Allegheny County Community College	Pittsburgh
7.	Delaware County Community College	Media
8.	Erie Institute for Nursing, Villa Maria College	Erie
9.	Gwyned-Mercy College	Gwyned Valley
10.	Hahnemann University, School of Allied Health Professions	Philadelphia
11.	Harrisburg Area Community College	Harrisburg
12.	Luzerne County Community College	Nanticoke
13.	Montgomery County Community College	Blue Bell
14.	Northampton County Area Community College	Bethlehem
15.	Philadelphia Community College	Philadelphia
16.	Reading Area Community College	Reading
17.	South Campus, Allegheny County Community College	West Mifflin
18.	Venango Campus, Clarion State College	Oil City

Provisionnally Approved

19.	Mt. Aloysius Junior College	Cresson
20.	University of Pittsburgh at Bradford	bradford

Initally Approved

21.	Westmoreland County Community College	Youngwood

Schools of Professional Nursing
Page 3 of 3

GENERAL BACCALAUREATE DEGREE PROGRAMS (see note)

Fully Approved

1.	Albright College	Reading
2.	Allentown College of St. Francis de Sales	Center Valley
3.	Bloomsburg State University	Bloomsburg
4.	Carlow College	Pittsburgh
5.	Cedar Crest College	Allentown
6.	College Misericordia	Dallas
7.	Duquesne University	Pittsburgh
8.	East Stroudsburg State University	East Stroudsburg
9.	Erie Institute for Nursing, Villa Maria College	Erie
10.	Holy Family College	Philadelphia
11.	Indiana University of Pennsylvania	Indiana
12.	Neumann College	Aston
13.	Pennsylvania State University	University Park
14.	Temple University, College of Allied Health Professions	Philadelphia
15.	Thomas Jefferson University, College of Allied Health Sciences	Philadelphia
16.	University of Pennsylvania	Philadelphia
17.	University of Pittsburgh	Pittsburgh
18.	Villa Nova University	Villa Nova
19.	West Chester State University	West Chester
20.	Widener University	Chester
21.	York College of Pennsylvania	York

Provisionally Approved

22.	Edinboro State University	Edinboro
23.	Wilkes College	Wilkes-Barre

Initially Approved

24.	Lycoming College	Williamsport
25.	Marywood College	Scranton
26.	Messiah College	Grantham
27.	Saint Francis College	Loretto
28.	University of Scranton	Scranton
29.	Waynesburg College	Waynesburg

Source: State Board of Nurse Examiners, Bureau of Professional and Occupational Affairs, Department of State, Commonwealth of Pennsylvania (Box No. 2649, Harrisburg, PA 17105-2649)

Note: Schools that are members of the State's university system are listed here as "university," although in 1983 they were still referred to as "state college" rather than "state university."

APPENDIX G

University of Pittsburgh

SCHOOL OF EDUCATION
Vocational Education

March 8, 1984

The University of Pittsburgh is conducting a study for the Pennsylvania Department of Education, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program.

One area of interest to this study is the perception of knowledgeable people in other states as to current data concerning Licensed Practical Nurse/Practical Vocational Nurse training and opportunities. We are also interested in your perceptions about changes occurring or likely to occur in the need for and education of practical/vocational nurses.

Would you please take a few minutes to complete the enclosed questionnaire and return it by March 23, 1984 to:

Dr. Ona Kay Kinter
Department of Vocational Education
4M31 Forbes Quadrangle
University of Pittsburgh
Pittsburgh, PA 15260

If you have any questions, please feel free to call Dr. Kinter (412-624-1298) or Ms. Gayle J. Marco (412-624-1301).

Thank you for your assistance.

Sincerely,

Irvin H. Iwler
Director
Department of Vocational Education

IHI:ds

Enclosure

PITTSBURGH, PA. 15260

APPENDIX G

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
STATE BOARD EXECUTIVE SECRETARY QUESTIONNAIRE

Name ____

Title ____

Agency ____

Address ____ Phone ____________________

____
(City) (State) (ZIP)

1. How many Practical/Vocational Nursing programs are there in your state? ________

2. Approximately how many Practical/Vocational Nurses are graduated each year in your state? ________

   a. If you have annual statistics, how many were graduated during:
      ________ Fiscal Year 1979-80
      ________ Fiscal Year 1980-81
      ________ Fiscal Year 1981-82

3. What was the average passing rate on the State Board Examination for:
   ________ Fiscal Year 1979-80
   ________ Fiscal Year 1980-81
   ________ Fiscal Year 1981-82

4. Over the next few years (through 1990) do you expect, in your state, that:

   a. Employment opportunities for LPNs/PVNs will:
      ________ Increase
      ________ Stay about the same
      ________ Decrease

   b. Enrollment in Practical/Vocational Nursing education programs will:
      ________ Increase
      ________ Stay about the same
      ________ Decrease

   c. LPN/PVN education programs will:
      ________ Stay about the same
      ________ Change in content or emphasis (Please explain)

____

____

____

5. What are the major changes, if any, that you anticipate will impact on the supply of/demand for LPNs/PVNs, in your state, over the next few years (to 1990)?

6. What additional comments do you have that are pertinent to the education and/or employment of PVNs/LPNs?

APPENDIX H

University of Pittsburgh

SCHOOL OF EDUCATION
Vocational Education

March 8, 1984

The University of Pittsburgh is conducting a study for the Pennsylvania Department of Education, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program.

One area of interest to this study is the perception of knowledgeable people in other states as to current data concerning Licensed Practical Nurse/Practical Vocational Nurse training and opportunities. We are also interested in your perceptions about changes occurring or likely to occur in the need for and education of practical/vocational nurses.

Would you please take a few minutes to complete the enclosed questionnaire and return it by March 23, 1984 to:

Dr. Ona Kay Kinter
Department of Vocational Education
4M31 Forbes Quadrangle
University of Pittsburgh
Pittsburgh, PA 15260

If you have any questions, please feel free to call Dr. Kinter (412-624-1298) or Ms. Gayle J. Marco (412-624-1301).

Thank you for your assistance.

Sincerely,

Irvin H. Iwler
Director
Department of Vocational Education

IHI:ds

Enclosure

PITTSBURGH, PA. 15260

APPENDIX H

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
STATE SUPERVISOR/SPECIALIST - HEALTH OCCUPATIONS

Name ______________________________

Title ______________________________

Agency ______________________________

Address ______________________________ Phone ______________

____
(City) (State) (ZIP)

1. How many Practical/Vocational Nursing programs are there in your state? _______

   a. How many are a part of the:
      - _______ Higher education system
      - _______ Basic education system
      - _______ Other (Please explain): ______________ ______________

2. Approximately how many Practical/Vocational Nurses are graduated each year in your state? _______

   a. From annual statistics, how many were graduated during:
      - _______ Fiscal Year 1979-80
      - _______ Fiscal Year 1980-81
      - _______ Fiscal Year 1981-82

3. What was the average passing rate on the State Board Examination for:
   - _______ Fiscal Year 1979-80
   - _______ Fiscal Year 1980-81
   - _______ Fiscal Year 1981-82

4. About what percent of students who graduate and pass the State Board Examination are placed as Licensed/Practical Vocational Nurses? _______%

5. About what percent of the students enrolled in PVN/LPN programs in your state are from the lower socioeconomic strata (unemployed/receiving welfare assistance)? _______%

6. Does your state provide tuition remission or assistance for PVN/LPN students based on their relative ability to pay?

______ No
______ Yes

a. If "Yes," what percent of the students fell into this category during:

______% - Fiscal Year 1979-80

______% - Fiscal Year 1980-81

______% - Fiscal Year 1981-82

7. Is the PVN/LPN funding in your state separate from all other education funding?

______ No
______ Yes

a. Does your state provide State appropriations for these programs aside from basic program support?

______ No
______ Yes

8. Over the next few years (through 1990) do you expect, in your state, that:

a. Employment opportunities for LPNs/PVNs will:

______ Increase
______ Stay about the same
______ Decrease

b. Enrollment in Practical/Vocational Nursing education programs will:

______ Increase
______ Stay about the same
______ Decrease

c. Content or emphasis in LPN/PVN education programs will:

______ Stay about the same
______ Change (Please explain):

____

____

____

9. What are the major changes, if any, that you anticipate will impact on the supply of/demand for LPNs/PVNs, in your state, over the next few years (to 1990)?

10. What additional comments do you have that are pertinent to the education and/or employment of PVNs/LPNs?

APPENDIX I

University of Pittsburgh

SCHOOL OF EDUCATION
Vocational Education

March 2, 1984

As you may be aware, the University of Pittsburgh is conducting a study for the Pennsylvania Department of Education, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program. (Particular emphasis is placed on FYs 1979-80, 1980-81, and 1981-82.)

One aspect of this study is to ask the Administrators of the 41 schools which offered PN programs during the study years for their perceptions of (1) the effectiveness of the program in relation to local health care needs and (2) the effect the subsidy had on tuition rates. (Both the Coordinator of your Practical Nurse program and a sample of program completers from the study years will also be asked to provide additional information about the program.)

Will you please complete the enclosed questionnaire? Return it in the enclosed envelope by March 19, 1984.

If you have any questions, feel free to contact:

Dr. Ona Kay Kinter (phone 412-624-1298), or
Ms. Gayle J. Marco (phone 412-624-1301)
Department of Vocational Education
4M31 Forbes Quadrangle
University of Pittsburgh
Pittsburgh, PA 15260

Thank you for your help.

Sincerely,

Irvin H. Iwler
Director
Department of Vocational Education

IHI:ds

Enclosures (2)

PITTSBURGH, PA. 15260

APPENDIX I

University of Pittsburgh
for
Pennsylvania Department of Education

PRACTICAL NURSING IMPACT STUDY

SCHOOL ADMINISTRATOR QUESTIONNAIRE

School Name ____________________ Phone __________

Vocational Administrator/Director ____________________

Name of Person Completing Questionnaire ____________________ Title __________

I. Study Objective: To determine the extent to which the Practical Nurse Program has been a factor in managing the supply of Licensed Practical Nurses.

A. Does your school have an admissions policy that purports to measure the aptitudes of a student to succeed in the Practical Nurse program? ___Yes ___No

B. Please supply the following data regarding Practical Nurse enrollments:

FY	Number of Applicants	Number of Students Accepted	Number of Students Actually Enrolled	Number of Students Completing Training
1979-80				
1980-81				
1981-82				

II. Study Objective: To determine the effect the State Subsidy had on tuition rates.

A. What were actual financial costs and subsidies for your Practical Nurse program for the following years?

FY	Total PN Program Cost	Total State Funding		Total Cost Per Student	Amount Charged per Student	
		State Program Subsidy	2508.3 Subsidy (Welfare)		Regular Students	Welfare Students
1979-80	$	$	$	$	$	$
1980-81						
1981-82						

III. If you have comments or recommendations regarding the Practical Nurse program, please write them on the back of this sheet.

THANK YOU FOR YOUR HELP

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF EDUCATION
333 MARKET STREET
P. O. BOX 911
HARRISBURG, PA 17108

March 2, 1984

Dear Program Director:

The Bureau of Vocational Education, Pennsylvania Department of Education, has contracted with an independent research organization to assess the impact of the Bureau-supported practical nurse programs in Pennsylvania. This study will cover the period 1979-80 through 1981-82.

This research organization, the University of Pittsburgh, has designed a strategy for collecting information about these programs. The information gathered will be used to provide the Bureau of Vocational Education with an understanding of the overall impact of these programs on the target population.

I would appreciate your cooperating with the research effort by doing the following:

1. Complete and return the enclosed Practical Nurse Program Impact questionnaire by March 21, 1984.
2. Complete and return the Student Identification Form by March 21, 1984. This list is a randomly selected sample of practical nursing program completers from the years of interest who have been selected to receive questionnaires. We need their current (if known) mailing addresses and employers (if known).
3. Send a copy of: a. Your Practical Nurse Student Handbook
   b. Your program philosophy and description
   c. Your school brochure and/or catalog

   A preaddressed envelope is enclosed.

If you have any questions or need assistance with the questionnaire, please feel free to contact the researchers listed below:

Dr. Ona Kay Kinter (412-624-1298) or
Ms. Gayle J. Marco (412-624-1301)
Department of Vocational Education
University of Pittsburgh
4M31 Forbes Quadrangle
Pittsburgh, PA 15260

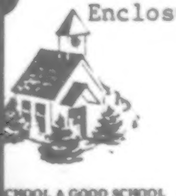
Thank you for your help.

Sincerely,

Jerry C. Olson
State Director of Vocational Education

JCO/CAC/dlr

Enclosures



BEST COPY AVAILABLE

University of Pittsburgh
for
Pennsylvania Department of Education

PRACTICAL NURSE PROGRAM IMPACT QUESTIONNAIRE
(1979-80, 1980-81, 1981-82)

Practical Nurse Program Coordinator ______________________________

Name of School ______________________________ Phone ______________

Part I. Please complete this section with numbers showing:

A. Enrollments (Total, Female, Male and 2508.3 recipients),
B. Completions (Total, Female, Male and 2508.3 recipients), and
C. Successful first-time completers of the State examination.

	A. ANNUAL ENROLLMENT				B. ANNUAL COMPLETION				C. LICENSURE-1st TIME TAKERS			
FY	Total	Female	Male	Welfare	Total	Female	Male	Welfare	Total	Female	Male	Welfare
1979-80												
1980-81												
1981-82												

D. What was the attrition rate for: 1979-80 __________ What percent were welfare students?__________%

1980-81 __________ What percent were welfare students?__________%

1981-82 __________ What percent were welfare students?__________%

Part II. Over the next few years (through 1990), do you expect that opportunities for LPN employment will:

_______ Increase
_______ Stay about the same
_______ Decrease

Part III. Please complete this section with numbers showing:

A. Initial Placement of program completers and,
B. Employment, according to your most recent follow-up.

FY	A. INITIAL PLACEMENT				B. EMPLOYMENT MOST RECENT FOLLOW-UP		
	Total	Female	Male	Welfare	Total	Female	Male
1979-80							
1980-81							
1981-82							

C. When was the most recent follow-up done for: 1979-80 graduates __________________
1980-81 graduates __________________
1981-82 graduates __________________

Part IV: If you have comments/recommendations, please write them here.

PART V: Please indicate the Practical Nurse documents you are enclosing/sending:

Document	Enclosed	Under Separate Cover
A. Practical Nurse Student Handbook	______	______
B. Program philosophy and objectives	______	______
C. School brochure and/or catalog	______	______

THANK YOU FOR YOUR HELP

BEST COPY AVAILABLE

APPENDIX J

University of Pittsburgh
Department of Vocational Education

Practical Nursing Impact Study
STUDENT IDENTIFICATION FORM

School Name ______________________________

Directions: Please write the most recent address and employer for the following Practical Nursing students believed to have been in your program during FY 1981-82. The names were randomly selected from State records.

Year	Name	Address	Employer/Address (if known)

APPENDIX J-1

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
PRACTICAL NURSING PROGRAM COORDINATORS INTERVIEW GUIDE

Name ______________________ Date ______________

School ______________________ Interviewer ______________

1. Do health care agencies contact you directly for their health care personnel needs? ____ No ____ Yes

2. About how many requests do you receive annually for LPNs? ______________

   a. About what percent are filled from your PN program? ______________%

3. What changes, if any, have you noticed recently about the kinds of employment opportunities for your graduates (e.g., more nursing homes in the area; fewer, or more, beds in local hospitals, etc.)?

4. What changes, if any, do you foresee over the next five or six years?

5. About how many of your graduates (annually):

   a. Are placed by you/your school in local employment ____________(#)

   b. Leave the area to find employment as LPNs? ____________(#)

      (1) Where are they most likely to go?

      (2) About how many of these are likely to return to the local area for subsequent employment (within 2 - 5 years)? ____________%

Practical Nursing Program Coordinators Interview Guide - Page 2

6. Do potential LPN employers in your area ever specify that they want/need either male or female applicants?
____ No
____ Yes

   a. Do you foresee, or have you noticed, any impact on the emphasis on sex equity on enrollment or inquiries about enrollment in your PN program?
   ____ No
   ____ Yes

7. About how many inquiries do you have, annually, from people who might be interested in enrolling the PN program as:

   a. An initial vocational program? ____________

   b. A direction for changing career or educational program? ____________

   c. What effect does State tuition aid (2508.3 funds) have on their actual application/enrollment in the PN program?

8. What kind of admissions test is given to people entering the PN program?

   a. What does it purport to measure that is relevant to the PN.program?

   b. Is it used for diagnostic or screening purposes?

   c. What kind of remedial assistance is available within your school (or adjoining school districts) to help PN students with academics, personal, and vocational deficiencies?

   d. Who is responsible for providing this remedial help?

8. (cont'd)

   e. How effective is it (i.e., does it help keep the students in the program):

   f. What kind of help is needed that you cannot currently provide?

9. Is there anything the State could do to provide extra help for students who are having trouble in your PN program?

10. In what age groups do your students fall?

    _____% 17-18
    _____% 19-21
    _____% 22-25
    _____% 26-35
    _____% 36-45
    _____% Over 45

11. On the average, what is the annual attrition rate for your PN students? ______________%

    a. Why do you feel people are most likely not to complete the program?

    b. At what point of the program does the greatest attrition occur?

12. Is there any apparent correlation between attrition and:

a. Age __No __Yes (Comments):

b. Sex __No __Yes (Comments):

c. Race __No __Yes (Comments):

d. Socioeconomic Status __No __Yes (Comments):

f. What would be necessary to overcome problems related to this factor (these factors)?

13. Of those graduates who do not pass the State Board examination at the first attempt, do you have any idea what percent subsequently pass within:

_______ 2 attempts
_______ 3 attempts
_______ 4 attempts
_______ 5 attempts
_______ 6 or more attempts

a. Of those who do not pass after several attempts, do you have any feelings about the major cause(s) of failure?

14. Does your school, or anyone in the local area, offer special review sessions to prepare people to pass State Boards?

____ No
____ Yes

a. Or review sessions for those who are returning to LPN employment after a period of absence?

____ No
____ Yes

b. If you answered "Yes" to either of the above,

(1) Who provides this kind of review?

(2) How long is the course (days/hours)?

(3) What does it include?

15. Do you have any other comments related to this study?

THANK YOU FOR YOUR HELP

APPENDIX K

University of Pittsburgh

SCHOOL OF EDUCATION
Vocational Education

March 26, 1984

Dear Practical Nursing Graduate:

The Pennsylvania Department of Education, Bureau of Vocational Education, has engaged the University of Pittsburgh to conduct a study to determine the Impact of Practical Nursing Programs in Pennsylvania's public school system. The study covers the school years 1979-80, 1980-81, and 1981-82.

You have been selected, as a Practical Nursing graduate during one of these years, to receive the enclosed questionnaire. We would appreciate your help in finding out just how important and how effective the Practical Nursing program was for you and others enrolled in this program. Your answers will be used to help improve the program for future students.

Please write your answers on the form. Return it in the enclosed stamped, self-addressed envelope. If you have any questions, feel free to contact:

Dr. Ona Kay Kinter (phone 412-624-1298) or
Ms. Gayle J. Marco (phone 412-624-1301)
Department of Vocational Education
4M31 Forbes Quadrangle
University of Pittsburgh
Pittsburgh, PA 15260

Please return your completed questionnaire by ____________________, 1984.

Thank you for your cooperation.

Sincerely,

Irvin H. Iwler
Director
Department of Vocational Education

IHI/jml

Enclosures (2)

PITTSBURGH, PA. 15260

APPENDIX K

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
PRACTICAL NURSING GRADUATE QUESTIONNAIRE

I. Please complete the following information about yourself:

1. Name ______________________________

2. School Attended for Practical Nurse Education ______________________

3. Date of Practical Nurse Program Completion: Month __________ Year ________

4. Are you a Licensed Practical Nurse?
   a. ___ Yes If "Yes," when did you take and pass the State Board examination? __________
   b. ___ No If "No," how many times have you taken the State Board examination? __________

5. Did you take any special course or training (after completing the PN program at your school) to help you to review and/or study for the State Board examination?
   a. ___ No
   b. ___ Yes If "Yes," where did you take this course or training?
   ____
   ____

II. CURRENT STATUS

6. Are you currently employed?
   a. ___ Yes
   b. ___ No (If "No," please give reason):
   ____
   ____
   (If "No," skip to Question 9)

7. If you are currently employed, are you employed as an LPN?
   a. ___ Yes
   b. ___ No If "No," what is your current occupation?
   ____
   ____
   (If "No," skip to Question 9)

8. If you are currently employed as an LPN, is your employer a(n):
   a. ___ Acute care facility
   b. ___ Long-term care facility
   c. ___ Clinic
   d. ___ Physician(s)
   e. ___ Private duty agency
   f. ___ Private duty (self-employed)
   g. ___ Other (Please describe):
   ____

II. CURRENT STATUS (continued)

9. If you have worked or are working as an LPN, please complete this question:

a. 1st Employer ______________________________ From ______ To ______
Reason for Leaving ____
b. 2nd Employer ______________________________ From ______ To ______
Reason for Leaving ____
c. 3rd Employer ______________________________ From ______ To ______
Reason for Leaving ____

10. Are you currently attending school?
a. ___ No
b. ___ Yes If "Yes," what is your school? ______________
Area of Study? ______________
Career Goal? ______________

III. PRACTICAL NURSE EDUCATION PROGRAM

11. When you entered the PN education program, were you: Check (✓) all that apply.
a. ___ Recent high school graduate
b. ___ Unemployed
c. ___ Enrolled in some other kind of postsecondary program
d. ___ Employed but seeking a career change
e. ___ Employed in health occupations field, but seeking upgrade in career

12. How did you hear/learn about the PN education program that you attended? Check (✓) all that apply.
a. ___ Newspaper
b. ___ Radio/TV
c. ___ Bureau of Employment Security (Unemployment Office)
d. ___ Welfare/social agency referral
e. ___ CETA
f. ___ Displaced Homemaker Program
g. ___ ABE/GED Program
h. ___ Family/friends
i. ___ Inquired at the school
j. ___ Other (Please specify):
____

III. PRACTICAL NURSE EDUCATION PROGRAM (continued)

14. Did you receive financial aid to go to school for Practical Nursing?

____

____

a. ___ No (Skip to Question 16)
b. ___ Yes

15. If you did receive financial aid to go to school, how important was it to your being able to take Practical Nursing?

a. ___ Essential (Could not have gone to school without it.)
b. ___ Very Important (Unlikely that I could have gone to school without it.)
c. ___ Somewhat Important (Might have been able to find another way.)
d. ___ Unimportant (I could have found another way if I had to.)

16. What are your future occupational plans over the next five/six years?
Check (✓) all that apply.

a. ___ Plan to work as an LPN
b. ___ Plan to work in another area of the health care professions (Other than as LPN)
c. ___ Plan to attend school for further training in the health care field
d. ___ Plan to attend school in some field other than health care
e. ___ Don't plan to work
f. ___ Don't know
g. ___ Other (Please explain):

____

____

17. What would be your advice to someone who is considering enrollment in a Practical Nurse program? (What one major comment would you make?)

THANK YOU FOR YOUR HELP!

APPENDIX K-1

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
PRACTICAL NURSING STUDENT INTERVIEW GUIDE

Name ______________________________ Date ______________

School Attended ______________________________ Interviewer ______________

Completion Date: Month ______________ Year ______________

Current Employment: Position ______________________ 2508.3 ______________

Employer ______________________

Location ______________________

Type of Facility ______________________

1. What made you decide to take the Practical Nursing program?

2. If you had not taken the Practical Nursing program, what would you have done instead?

3. Did you have any difficulty in providing for your tuition? ____ No ____ Yes

   a. If "Yes," how did you solve the problem?

   b. If the tuition had been $2,500 - $3,000 per year, would you have been able to afford the program? ____ No ____ Yes

4. Have you had difficulty finding a job as an LPN? ____ No ____ Yes

   a. If "Yes," what was the problem?

5. Do you plan to continue to work as an LPN?

____ No
____ Yes

a. Please give the reason(s) for your answer.

6. What are your overall feelings about opportunities for LPNs?

7. What are your overall feelings about your Practical Nursing education?

a. Would you rate your PN education as

____ Excellent
____ Very Good
____ Good
____ Fair
____ Poor

b. If you answered "Good," "Fair" or "Poor," please tell me where the weaknesses were. (For example, particular types of "care" areas, techniques, related responsibilities, personal/vocational relationships, clinical experience, etc.)

8. Now that you are working as an LPN, are their any job responsibilities you feel were not adequately addressed in your PN educational program?

9. Do you know or work with any LPNs who received their education at a school other than your school?

____ No
____ Yes

a. How would you compare their preparation with yours?

10. Do you have any other comments you think would be helpful to Practical Nursing programs or students in Pennsylvania?

11. If you have not already so, would you please take a few minutes now to complete the Practical Nursing Graduate Questionnaire?

THANK YOU FOR YOUR HELP.

APPENDIX L

University of Pittsburgh
SCHOOL OF EDUCATION
Vocational Education

As you are probably aware, the Commonwealth of Pennsylvania, through the Pennsylvania Department of Education, invests a large amount of money and attention each year to the educational preparation of Practical Nurses. The University of Pittsburgh is conducting a study for the Pennsylvania Department of Education, Assessment of the Impact of the Bureau of Vocational Education's Practical Nurse Program. Among the objectives of this study are:

1. To determine the extent to which the program has been a factor in managing the supply of Licensed Practical Nurses.

2. To determine the extent to which the program has been a factor in improving the quality of Practical Nurse training.

3. To determine the employment situation for Licensed Practical Nurses.

4. To determine the projected need for LPNs in Pennsylvania for the next six years (to 1990).

A questionnaire is enclosed that will help to answer some of these items. Your help is needed to make the findings reflective of the health care field in Pennsylvania. Would you please complete this questionnaire and return it in the enclosed envelope by April 27, 1984?

If you have any questions, please feel free to contact:

Dr. Ona Kay Kinter (phone 412-624-1298) or
Dr. Gayle J. Marco (phone 412-624-1301)
Department of Vocational Education
4M31 Forbes Quadrangle
University of Pittsburgh
Pittsburgh, PA 15260

Thank you for your help.

Sincerely,

Irvin H. Iwler, Ed.D.
Director
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Enclosures

PITTSBURGH, PA. 15260

APPENDIX L

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
HEALTH CARE AGENCY/ORGANIZATION

Agency Name ____

Agency Address ____

Person Completing Questionnaire: Name ________________ Title ____________

If your agency/organization:

- a. _____ Long-term care facility: Number beds ______
- b. _____ Acute care facility: Number beds ______
- c. _____ Clinic
- d. _____ Private health care group/agency
- e. _____ Private duty placement agency
- f. _____ Other (Please specify) ______________________

1. How many budgeted positions does your agency/organization have for:
   - a. _____ Registered Nurses (Less than Baccalaureate degree)
   - b. _____ Registered Nurses (Baccalaureate degree)
   - c. _____ Registered Nurses (Masters degree)
   - d. _____ Licensed Practical Nurses
   - e. _____ Nurse Aides/Orderlies

2. On the average, what are the patient care ratios in your agency/organization for:
   - a. Registered Nurse 1: ______beds
   - b. Licensed Practical Nurse 1: ______beds
   - c. Nurse Aide/Orderly 1: ______beds

3. How many Licensed Practical Nurses are currently employed at your agency/organization on the:
   - a. Normal daylight schedule _____ Full-time
     _____ Part-time
   - b. Normal afternoon schedule _____ Full-time
     _____ Part-time
   - c. Normal night schedule _____ Full-time
     _____ Part-time

4. About how many new LPN employments do you anticipate will be required by your agency/organization over the next six years? (Circle the numbers)

a.	1985:	0	1-5	6-10	11-15	16 or more (# = _______)
b.	1986:	0	1-5	6-10	11-15	16 or more (# = _______)
c.	1987:	0	1-5	6-10	11-15	16 or more (# = _______)
d.	1988:	0	1-5	6-10	11-15	16 or more (# = _______)
e.	1989:	0	1-5	6-10	11-15	16 or more (# = _______)
f.	1990:	0	1-5	6-10	11-15	16 or more (# = _______)

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5. Over the next few years, do you anticipate that your agency/organization will increase the size of the facility?
a. _____ No
b. _____ Yes

a. If you answered "yes," would this result in an increase in the number of LPNs that you hire?
a. _____ No
b. _____ Yes
c. _____ Don't know

6. Within your geographic area (the agency/organization service area), how many institutions provide education for:
a. _____ Practical Nurse
b. _____ Registered Nurse

7. Where did the majority of the LPNs employed at your agency/organization receive their Practical Nursing education:

	School Name	Location	Approximate Number
a.	____________	____________	_____
b.	____________	____________	_____
c.	____________	____________	_____

8. Based on your experience, how would you rate the quality of Practical Nursing education in Pennsylvania schools?
a. _____ Excellent
b. _____ Very Good
c. _____ Good
d. _____ Fair
e. _____ Poor

a. If you answered "Good," "Fair," or "Poor," please explain:

9. Does your organization/agency serve as a cooperating agency for clinical training experience for a Practical Nursing education program?
a. _____ No
b. _____ Yes

0. Does your agency/organization conduct a formal orientation program for new or returning LPNs?
a. _____ No
b. _____ Yes If "Yes,"
# Days _____
# Hours _____

1. Does your agency/organization conduct its own Practical Nursing education program?
a. _____ No (If "No," skip to Question 13)
b. _____ Yes

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12. If your agency/organization conducts its own Practical Nursing education program, please answer all of the following that apply. Use data/estimates from the last five years.

About what percent:

a. Are welfare/public assistance recipients? — a. _____%

b. Of those who enter the Practical Nursing program complete the program? — b. _____%

c. Achieve State licensure at the first attempt? — c. _____%

d. Are subsequently employed at your facility? — d. _____%

e. Continue into advanced health occupations schooling? — e. _____%

13. Does your agency/organization have difficulty filling positions for:

a. Registered Nurses

a. _____ No
b. _____ Yes If "Yes," what do you feel is the reason?

____

b. Licensed Practical Nurses

a. _____ No
b. _____ Yes If "Yes," what do you feel is the reason?

____

14. Does your agency/organization recruit for LPNs?

a. _____ No
b. _____ Yes

a. If "Yes," do you recruit through (check all that apply):

a. _____ Local schools
b. _____ Local advertising
c. _____ Advertising beyond the local area
d. _____ Other (Please specify):

____

____

15. Do you have any recommendations/comments about the content/methods of Practical Nursing education programs (in Pennsylvania)?

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THANK YOU FOR YOUR HELP

APPENDIX L-1

University of Pittsburgh
for
Pennsylvania Department of Education

Practical Nursing Impact Study
HEALTH CARE AGENCY/ORGANIZATION INTERVIEW GUIDE

Name ______________________ Date ______________

Position ______________________ Interviewer ______________

Agency/Organization ______________________

Location ______________________

Type of Facility ______________________

1. How may LPNs (full time and part time) does your agency/organization employ? _____

2. From what school(s), in your local area, do you employ most of your LPNs?

3. How many schools, in your local area, offer professional nurse programs? ________

    a. With the availability of a large number of new nurse candidates, how does this affect the employment of LPNs?

4. Based on your knowledge of the health care professions, do you foresee (over the next five or six years) that the need for LPNs will:

    _____ Increase _____ Stay about the same _____ Decrease

    a. Please explain:

5. Do you foresee the role of LPNs changing, in terms of:

   a. Places of employment _____ No _____ Yes (Please explain):

   b. Assignments/responsibilities (such as shifts, etc.) _____ No _____ Yes (Please explain):

   c. Nursing activities (communications, therapy, etc.) _____ No _____ Yes (Please explain):

6. Do you foresee current legislation (such as "Skilled Nursing Care for Patients on Medicare" and the DRGs, for example) impacting on the outlook for LPNs in regard to:

   a. _____ Employment opportunities (Please explain)

   b. _____ Salaries (Please explain)

   c. _____ Other, such as ______________________________ (Please explain)

(INTERVIEWER: Question #7 is not used for acute-care agencies.)

7. What is your agency's perspective/position in regard to staffing (now and over the next five or six years), as related to:

   a. LPNs (1) Now:

      (2) Future:

   b. Professional Nurses

      (1) Now:

      (2) Future:

   c. Unlicensed nursing personnel (i.e., aides)

      (1) Now:

      (2) Future:

8. What influence, if any, do you feel the supply/demand ratio for LPNs has, or will have, on salaries paid to LPNs?

   a. Do you foresee any changes in the conditions affecting salaries for LPNs?

   b. What is the salary range for LPNs at your agency/institution:

      (1) Entry level $_______ per hour - week - month

      (2) Increments (ITEM OPTIONAL) $_______ by hour - week - month

      (3) Maximum $_______ per hour - week - month

9. Do you offer differential pay for evenings/nights?

____ No
____ Yes

10. If you employ, or have recently employed, LPNs who were educated/licensed in other states and have endorsement into Pennsylvania, do you feel there is any difference in the quality of training between Pennsylvania schools and these other states?

____ No
____ Yes

a. If "Yes," please explain:

11. What do you feel are the strengths of Pennsylvania's PN education programs?

12. What do you feel are the weaknesses of Pennsylvania's PN education programs?

13. Do you have any other comments you think would be helpful to Practical Nursing programs or students in Pennsylvania?

14. If you have not already done so, would you please take a few minutes now to complete the Health Care Agency/Organization Questionnaire?

THANK YOU FOR YOUR HELP.

LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

Sample	LONG-TERM CARE INSTITUTIONS Institution	LPNs FT	LPNs PT	State Operated	No. Beds Geriatric	VA	Rehab	Other
	Battersby Convalescent Home (Erie)							Private
	Indian Creek Nursing Center (New Castle)							Private
	Mary Evans Extended Care Cent. (Ellwood City)							Private
	Rondale Nursing & Convalescent (Erie)							Private
	United Methodist Home & Hospt. (Meadville)							Private
	Warren State Hospital (Warren)			X				
	Lutheran Home for the Aged (Erie)				X			
	Sarah Reed Retirement Center (Erie)				X			
	Presbyterian Home (Cambridge Springs)				X			
	VA Medical Center (New Castle)					X		
	Twinbrook Medical Center (Erie)							Medical Center
	Armstrong County Health Ct. (Kittaning)							Medical Ct.
	Bonnetti Health Care Ct. (Harrisville)							Medical Ct.
	Chicora Medical Center (Chicora)							Medical Ct.
	Clarion Medical Services (Clarion)							Medical Ct.
	Overlook Medical Clinic (New Wilmington)							Medical Ct.
	Upjohn Healthcare Services (Erie)							Practical N.
	Lake Erie Center of Rehabilit. (Erie)						X	
	Shriners Hospital for Crippled Children (Erie)						X	

Sample	ACUTE CARE INSTITUTIONS Institution	LPNs FT	LPNs PT	No. Beds 2-149	150-499	500+
	St. Vincent Health Center (Erie)					580
	Meadville City Hospital (Meadville)				171	
	Jameson Memorial (New Castle)				252	
	Clarion Osteopathic Cm. Hsp. (Clarion)			67		
	Punxsutawney Area Hospital (Punxsutawney)			79		
	Corry Memorial Hospital (Corry)			88		
	Union City Memorial Hospital (Union City)			35		
	Brookville Hospital (Brookville)			70		
	United Community Hospital (Grove City)			147		

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REGION 2
SOUTHWEST

LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS								
Sample	Institution	LPNs		State Operated	No. Beds			Other
		FT	PT		Geriatric	VA	Rehab.	
	Shadyside Manor (Pittsburgh)							Private
	South Hills Convalescent Center (Cannonsburg)							Private
	Murray Manor Convalescent Ct. (Murraysville)							Private
	Regency Hall Nursing Home (Allison Park)							Private
	Long-Term Care at Dixmont Hspt (Sewickley)			X				
	Mayview State Hospital (Bridgeville)			X				
	Woodville State Hospital (Carnegie)			X				
	Connellsville State General Hp (Connellsville)			X				
	Torrance State Hospital (Torrance)			X				
	Allegheny Lutheran Home (Holidaysburg)				X			
	Pine View Manor (Wexford)				X			
	St. Anne Home for the Elderly (Greensburg)				X			
	Jewish Home for the Aged (Pittsburgh)				X			
	Forbes Center for Gerontology (Pittsburgh)				X			
	VA Medical Center-Highland Dr. (Pittsburgh)					X		
	Passavant Health Center (Zelienople)							Medical Cent.
	Baldock Health Care Center (Irwin)							Medical Cent.
	Washington County Health Ct. (Washington)							Medical Cent.
	West Hills Health Care Center (Coraopolis)							Medical Cent.

ACUTE CARE INSTITUTIONS						
Sample	Institution	LPNs		No. Beds		
		FT	PT	2-149	150-499	500+
	St. Francis (Pittsburgh)					703
	West Penn (Pittsburgh)					578
	Medical Center of Beaver Cty (Beaver)					500
	Mercy Hospital (Pittsburgh)					613
	Conemaugh Valley (Johnstown)				450	
	Uniontown Hospital (Uniontown)				280	
	Citizens General Hospital (New Kensington)				262	
	Indiana Hospital (Indiana)				201	
	Shadyside Hospital (Pittsburgh)				464	
	West Allegheny Hospital (Oakdale)			93		

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS								
Sample	Institution	LPNs		State Operated	No. Beds			
		FT	PT		Geriatric	VA	Rehab.	Other
	East Suburban Medical Ass. Inc (Monroeville)							Medical
	Crossroads Medical Office (McMurray)							Medical
	Mars Medical Clinic (Mars)							Medical
	Southwestern Health Center (Pleasant Hills, Pittsburgh)							Medical
	West Allegheny Health Systems (Pittsburgh)							Medical
	North Suburban Family Health Ct (Gibsonia)							Medical
	Pittsburgh Nursing Special. Inc (Pittsburgh)							Practical N.
	Home Nursing Care (Pittsburgh)							Practical N.
	Liken Nursing Services (Pittsburgh)							Practical N.
	Somerset State Hospice (Somerset)							Hospice
	Baptist Orphanage & Home (Pittsburgh)							Orphanage
	McGuire Memorial Home for Retarded Children (New Brighton)							Home
	St. Barnabas (Gibsonia)							Home

ACUTE CARE INSTITUTIONS						
Sample	Institution	LPNs		No. Beds		
		FT	PT	2-149	150-499	500+
	Meyersdale Community Hospital (Meyersdale)			43		
	Greene County Memorial Hspt (Waynesburg)			120		
	Canonsburg General Hospital (Canonsburg)			105		

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REGION 3
NORTH CENTRAL

LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS								
Sample	Institution	LPNs		State Operated	No. Beds			
		FT	PT		Geriatric	VA	Rehab.	Other
	Bradford Nursing Pavilion (Bradford)							Private
	Center Crest Nursing Home (Bellefonte)							Private
	Clear Haven Nursing Center (Clearfield)							Private
	Phillipsburg State General Hsp (Phillipsburg)			X				
	Ashland State General Hospital (Ashland)			X				
	Freezers Home for the Aged (Williamsport)				X			
	Lewisburg U M Home (Lewisburg)				X			
	State College Manor (State College)				X			
	Bucktail Medical Center (Renovo)							Medical
	Community Hospital (Kane)							Medical
	Soliders & Sailors Memorial H (Wellsboro)							Medical
	McKean County Visiting Nurse A (Bradford)							Medical
	Clearfield Hsp Home Hlth Serv (Clearfield)							Medical
	SUN Home Health Services Inc. (Northumberland)							Medical
	Slate Belt Medical Center (Bangor)							Medical

ACUTE CARE INSTITUTIONS						
Sample	Institution	LPNs		No. Beds		
		FT	PT	2-149	150-499	500+
	Williamsport Hospital (Williamsport)				370	
	Bradford Hospital (Bradford)				160	
	DuBois Hospital (DuBois)			138		
	Elk County General Hospital (Ridgway)			90		
	Jersey Shore Hospital (Jersey Shore)			91		
	Port Allegany Community Hspt (Port Allegany)			34		
	Evangelical Comunity Hspt. (Lewisburg)			145		

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS

Sample	Institution	LPNs		State	No. Beds			
		FT	PT	Operated	Geriatric	VA	Rehab.	Other
	Huntington County Nursing Hom (Huntington)							Private
	Camp Hill Nursing & Conv. Ct. (Camp Hill)							Private
	Hassler Nursing Center (Chillington)							Private
	Harrisburg State Hospital (Harrisburg)			X				
	John Shook Home for the Aged (Chambersburg)				X			
	Homewood Retirement Center (Hanover)				X			
	Locust Grove Retirement Village (Mifflin)				X			
	Hollidaysburg Veterans Home (Hollidaysburg)					X		
	Family Medicine Center, Ltd. (Middletown)							Medical
	Mechanicsburg Family Practice Center (Mechanicsburg)							Medical
	Middletown Medical Center (Middletown)							Medical
	Steele Surgical Clinic PC (Harrisburg)							Medical
	Manor Family Health Center (Millersville)							Medical
	Medical Services X-Ray Dept. (Lancaster)							Medical
	Allergy Immunology Assoc., Ltd. (Lancaster)							Medical
	Home Nursing Agency of Blair, Huntingdon, and Fulton Cnts. (Altoona)							Medical Medical
	Medical Personnel Pool (Harrisburg)							Practical N.
	Childrens Development Ct. Corp. (Abbottstown)							X
	Community Services (Lititz)							X
	Hospital Care Center (Hermitage)							X

ACUTE CARE INSTITUTIONS

Sample	Institution	LPNs		No. Beds		
		FT	PT	2-149	150-499	500+
	York Hospital (York)					546
	Altoona Hospital (Altoona)					384
	Holy Spirit Hospital (Camp Hill)				349	
	Cmnty General Osteopathic (Harrisburg)				178	
	Chambersburg Hospital (Chambersburg)				238	
	Memorial Hospital of Bedford City (Everett)			116		
	Waynesboro Hospital (Waynesboro)			88		
	J.C. Blair Memoral Hospital (Huntington)			118		
	Tyrone Hospital (Tyrone)			59		
	Fulton County Medical Center (McConnellsburg)			43		

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS

Sample	Institution	LPNs FT	LPNs PT	State Operated	No. Beds Geriatric	No. Beds VA	No. Beds Rehab.	No. Beds Other
	Leader Nursing (Jersey Shore)							Private
	Mansion Nursing & Convalescent (Sunbury)							Private
	Mountain Rest Nursing Home (Scranton)							Private
	Allentown State Hospital (Allentown)			X				
	Danville State Hospital (Danville)			X				
	Farview State Hospital (Waymart)			X				
	Berwick Retirement Village & Nursing Home (Berwick)				X			
	Carbon County Home for the Age (Weatherly)				X			
	VA Medical Center (Wilkes Barre)					X		
	Bear Creek Health Care Center (Bear Creek)							Medical
	Bloomsburg Health Care Center (Bloomsburg)							Medical
	Sayre Care Center (Sayre) (Sayre)							Medical
	Summit Health Care Center (Wilkes Barre)							Medical
	White Haven Center (White Haven)							Medical
	Black Lung Respiratory Dis. Cl (Carbondale)							Medical
	Bone & Joint Associates of Wilkes-Barre Inc. (Wilkes-Barre)							Medical
	Scranton Primary Health Care Ct (Scranton)							Medical
	Surgical Group, Inc. (Scranton)							Medical
	Drs/Boland & Kehrli, Med. Ass. (Clarks Summit)							Medical

ACUTE CARE INSTITUTIONS

Sample	Institution	LPNs FT	LPNs PT	No. Beds 2-149	No. Beds 150-499	No. Beds 500+
	Geisinger Medical Center (Danville)				476	
	Clarks Summit Hospital (Clarks Summit)				481	
	Troy Community Hospital, Inc (Troy)			65		
	Gnaden Huetten Memorial Hsp (Lehighton)			122		
	Charles Cole Memorial Hsp. (Coudersport)			89		
	Barnes Kasson County Hsp. (Susquehanna)			48		
	Bloomsburg Hospital (Bloomsburg)			146		

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS

Sample	Institution	LPNs FT	LPNs PT	State Operated	No. Beds Geriatric	No. Beds VA	No. Beds Rehab.	No. Beds Other
	Quality Care Nursing Services (Dunmore)							Practical
	Kramm Health Care Center, Inc. (Milton)							X
	Allied Services for the Handi Handicapped (Scranton)							X

ACUTE CARE INSTITUTIONS

Sample	Institution	LPNs FT	LPNs PT	No. Beds 2-99	No. Beds 100-499	No. Beds 500+

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

Sample	LONG-TERM CARE INSTITUTIONS Institution	LPNs FT	LPNs PT	State Operated	No. Beds Geriatric	VA	Rehab	Other
	Harrison House (Christiana)							Private
	Bryn Mawr Terrace Convalescent Home (Bryn Mawr)							Private
	Leader Nursing (Elizabethtown)							Private
	Upper Bucks Nursing & Convalescent Care (Quakertown)							Private
	Embreeville State Hospital (Coatesville)			X				
	Haverford State Hospital (Haverford)			X				
	Norristown State Hospital (Norristown)			X				
	Philadelphia State Hospital (Philadelphia)			X				
	Wernerville State Hospital (Wernerville)			X				
	Coaldale State Hospital (Coaldale)			X				
	Sacred Heart Free Home (Philadelphia)				X			
	Uptown Home for the Aged (Philadelphia)				X			
	Medical Center for Aging (Doylestown)				X			
	Quarryville Presbyterian Home (Quarryville)				X			
	Oxford Manor Nursing Home (Oxford)				X			
	VA Medical Center (Coatesville)					X		
	Plymouth House Health Care Ct (Norristown)							Medical
	Centennial Spring Health Care C (Warminster)							Medical
	Chester Care Center) (Chester)							Medical

Sample	ACUTE CARE INSTITUTIONS Institution	LPNs FT	LPNs PT	No. Beds 2-149	150-499	500+
	Reading Hospital & Medical Ct (Reading)					614
	Lancaster General (Lancaster)					565
	Hospital of Univeristy of PA (Philadelphia)					717
	Thomas Jefferson Univ. Hsp. (Philadelphia)					687
	Good Samaritan Hospital (Lebanon)				214	
	Frankford Hospital (Philadelphia)				399	
	Warminster General Hospital (Warminster)				180	
	Sacred Heart General Hsp. (Chester)				240	
	Lancaster Osteopathic Hsp. (Lancaster)				226	
	So. Chester County Medical Ct (West Grove)			53		

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LPNs - LONG TERM CARE INSTITUTIONS--ACUTE CARE INSTITUTIONS (from State Directories)

LONG-TERM CARE INSTITUTIONS								
Sample	Institution	LPNs		State Operated	No. Beds			
		FT	PT		Geriatric	VA	Rehab.	Other
	Leader Health Care Center (Norristown)							Medical
	Associated Health Services, Inc (Philadelphia)							Medical.
	Kensington Comprehensive Health Care Center, Inc. (Philadelphia)							Medical
	Penn Urban Health Maintenance Program (Philadelphia)							Medical
	Soll-Lipshutz Institute (Philadelphia)							Medical
	Whitman Medical Center (Philadelphia)							Medical
	Women's Medical Center (King of Prussia-Norristown)							Medical
	Nurses Home Care (Philadelphia)							Practical
	Quality Care Nursing Services (Lancaster)							Practical
	Family Home Health Care, Inc. (Jenkintown)							Practical
	Pinehill Rehabilitation Center (Philadelphia)							X
	Community Foundations Diamone (Sellersville)							X
	Elizabeth Hospital for Children (Elizabethtown)							X

ACUTE CARE INSTITUTIONS						
Sample	Institution	LPNs		No. Beds		
		FT	PT	2-149	150-499	500+
	Lebanon Valley General Hspt. (Lebanon)			88		
	St. Christopher Hsp. for Children (Philadelphia)				146	
	Valley Forge Medical Center & Hospital (Norristown)			67		
	West Park Hospital (Philadelphia)				142	

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APPENDIX M-1

Sample Selection - Acute-Care Facilities

Number Beds: Acute-Care Facilities	Western Pennsylvania		Central Pennsylvania		Eastern Pennsylvania	
	Region 1 Northwest	Region 2 Southwest	Region 3 North Central	Region 4 South Central	Region 5 Northeast	Region 6 Southeast
500 Beds or More (N=10)	St. Vincent Health Center (Erie) 580	St. Francis (Pittsburgh) 703 West Penn (Pittsburgh) 578 Medical Center of Beaver County (Beaver) 500 Mercy Hospital (Pittsburgh) 613		York Hospital (York) 546		Reading Hospital and Medical Center (Reading) 614 Lancaster General (Lancaster) 565 Hospital of University of PA (Philadelphia) 717 Thomas Jefferson Univ. Hospital (Philadelphia) 687
150-499 Beds (N=20)	Meadville City Hospital (Meadville) 171 Jameson Memorial (New Castle) 252	Conemaugh Valley (Johnstown) 450 Uniontown Hospital (Uniontown) 280 Citizens General Hospital (New Kensington) 201 Indiana Hospital (Indiana) 201 Shadyside Hospital (Pittsburgh) 464	Williamsport Hospital (Williamsport) 370 Bradford Hospital (Bradford) 160	Altoona Hospital (Altoona) 384 Holy Spirit Hospital (Camp Hill) 349 Community General Osteopathic Hospital (Harrisburg) 178 Chambersburg Hospital (Chambersburg) 238	Geisinger Medical Center (Danville) 476 Clarks Summit Hospital (Clarks Summit) 481	Good Samaritan Hospital (Lebanon) 214 Frankford Hospital (Philadelphia) 399 Warminster General Hospital (Warminster) 180 Sacred Heart General Hospital (Chester) 240 Lancaster Osteopathic Hospital (Lancaster) 226
149 Beds or Fewer (N=30)	Clarion Osteopathic Community Hospital (Clarion) 67 Punxsutawney Area Hospital (Punxsutawney) 79 Corry Memorial Hospital (Corry) 88 Union City Memorial Hospital (Union City) 35 Brookville Hospital (Brookville) 70 United Community Hospital (Grove City) 147	West Allegheny Hospital (Oakdale) 93 Meyersdale Community Hospital (Meyersdale) 43 Greene County Memorial Hospital (Waynesburg) 120 Cannonsburg Gen. Hospital (Cannonsburg) 105	DuBois Hospital (DuBois) 138 Elk County General Hospital (Ridegway) 90 Jersey Shore Hospital (Jersey Shore) 91 Port Allegany Community Hospital (Port Allegany) 34 Evangelical Community Hospital (Lewisburg) 145	Memorial Hospital of Bedford County (Everett) 116 Waynesboro Hospital (Waynesboro) 88 J.C. Blair Memorial Hospital (Huntington) 118 Tyrone Hospital (Tyrone) 59 Fulton County Medical Center (McConnellsburg) 43	Troy Community Hospital, Inc. (Troy) 65 Gnaden Hutten Memorial Hospital (Lehighton) 122 Charles Cole Memorial Hospital (Coudersport) 89 Barnes Kasson County Hospital (Susquehanna) 48 Bloomsburg Hospital (Bloomsburg) 146	So. Chester County Medial Center (West Grove) 53 Lebanon Valley General Hospital (Lebanon) 88 St. Christopher Hospital for Children (Philadelphia) 146 Valley Forge Medical Center and Hospital (Norristown) 67 West Park Hospital (Philadelphia) 142

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APPENDIX M-2

LONG TERM CARE AND OTHER (except Acute Care) - Selected Sample

Type of Institution	Northwest Region	Southwest Region
PRIVATE NURSING (N=22)	(N=5) Battersby Convalescent Home (Erie) Indian Creek Nursing Center (New Castle) Mary Evans Extended Care Center (Ellwood City) Rondale Nursing & Convalescent Home (Erie) United Methodist Home & Hospital (Meadville)	(N=4) Shadyside Manor (Pittsburgh) South Hills Convalescent Center (Cannonsburg) Murray Manor Convalescent Center (Murraysville) Regency Hall Nursing Home (Allison Park)
STATE - OPERATED (N=18)	(N=1) Warren State Hospital (Warren)	(N=5) Long-Term Care at Dixmont Hospital (Sewickley) Mayview State Hospital at Bridgeville (Bridgeville) Woodville State Hospital (Carnegie) Connellsville State General Hospital (Connellsville) Torrance State Hospital (Torrance)
GERIATRIC (N=22)	(N=3) Lutheran Home for the Aged (Erie) Sarah Reed Retirement Center (Erie) Presbyterian Home (Cambridge Springs)	(N=5) Allegheny Lutheran Home (Holidaysburg) Pine View Manor (Wexford) St. Anne Home for the Elderly (Greensburg) Jewish Home for the Aged (Pittsburgh) Forbes Center for Gerontology (Pittsburgh)
VETERANS (N=5)	(N=1) VA Medical Center (New Castle)	(N=1) VA Medical Center - Highland Drive (Pittsburgh)
MEDICAL CENTERS/ PHYSICIANS GROUPS (N=50)	(N=6) Twinbrook Medical Center (Erie) Armstrong County Health Center (Kittaning) Bonnetti Health Care Center (Harrisville) Chicora Medical Center (Chicora) Clarion Medical Services (Clarion) Overlook Medical Clinic (New Wilmington)	(N=10) Passavant Health Center (Zelienople) Baldock Health Care Center (Irwin) Washington County Health Center (Washington) West Hills Health Care Center (Coraopolis) East Suburban Medical Associates, Inc. (Monroeville) Crossroads Medical Office (McMurray) Mars Medical Clinic (Mars) Southwestern Health Center (Pleasant Hills, Pittsburgh) West Allegheny Health Systems (Pittsburgh) North Suburban Family Health Center (Gibsonia)
PRACTICAL NURSE	(N=1) Upjohn Healthcare Services (Erie)	(N=2) Pittsburgh Nursing Specialists, Inc. (Pittsburgh) Home Nursing Care (Pittsburgh) Liken Nursing Services (Pittsburgh)
OTHER (N=15)	(N=2) Lake Erie Center of Rehabilitation (Eire) Shriners Hospital for Crippled Children (Erie)	(N=4) Somerset State Hospice (Somerset) Baptist Orphanage and Home (Pittsburgh) McGuire Memorial Home for Retarded Children (New Brighton) St. Barnabas (Gibsonia)

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North Central	South Central
(N=3) Bradford Nursing Pavilion (Bradford) Center Crest Nursing Home (Bellefonte) Clear Haven Nursing Center (Clearfield)	(N=3) Huntington County Nursing Home (Huntington) Camp Hill Nursing and Convalescent Center (Camp Hill) Hassler Nursing Center (Chillington)
(N=2) Phillipsburg State General Hospital (Phillipsburg) Ashland State General Hospital (Ashland)	(N=1) Harrisburg State Hospital (Harrisburg)
(N=3) Freezers Home for the Aged (Williamsport) Lewisburg U M Home (Lewisburg) State College Manor (State College)	(N=3) John Shock Home for the Aged (Chambersburg) Homewood Retirement Center (Hanover) Locust Grove Retirement Village (Mifflin)
(N=0)	(N=1) Hollidaysburg Veterans Home (Hollidaysburg)
(N=6) Bucktail Medical Center (Renovo) Community Hospital (Kane) Soldiers & Sailors Memorial Hospital (Wellsboro) McKean County Visiting Nurse Association (Bradford) Clearfield Hospital Home Health Services, Inc. (Clearfield) SUN Home Health Services, Inc. (Northumberland)	(N=1) Family Medicine Center, Ltd. (Middletown) Mechanicsburg Family Practice Center (Mechanicsburg) Middletown Medical Center (Middletown) Steele Surgical Clinic PC (Harrisburg) Manor Family Health Center (Millersville) Medical Services X-Ray Department (Lancaster) Allergy Immunology Associates, Ltd. (Lancaster) Home Nursing Agency of Blair, Huntingdon, and Fulton Counties (Altoona)
(N=1)	(N=1) Medical Personnel Pool (Harrisburg)
(N=1) Slate Belt Medical Center (Bangor)	(N=3) Childrens Development Center Corp. (Abbottstown) Community Services (Lititz) Hospital Care Center (Hermitage)

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Northeast Region	Southeast Region
(N=3) Leader Nursing (Jersey Shore) Mansion Nursing & Convalescent Center (Sunbury) Mountain Rest Nursing Home (Scranton)	(N=4) Harrison House (Christiana) Bryn Mawr Terrace Convalescent Home (Bryn Mawr) Leader Nursing (Elizabethtown) Upper Bucks Nursing & Convalescent Care (Quakertown)
(N=3) Allentown State Hospital (Allentown) Danville State Hospital (Danville) Farview State Hospital (Waymart)	(N=6) Embreeville State Hospital (Coatesville) Haverford State Hospital (Haverford) Norristown State Hospital (Norristown) Philadelphia State Hospital (Philadelphia) Wernerville State Hospital (Wernerville) Coaldale State Hospital (Coaldale)
(N=2) Berwick Retirement Village & Nursing Home (Berwick) Carbon County Home for the Aged (Weatherly)	(N=5) Sacred Heart Free Home (Philadelphia) Uptown Home for the Aged (Philadelphia) Medical Center for Aging (Doylestown) Quarryville Presbyterian Home (Quarryville) Oxford Manor Nursing Home (Oxford)
(N=1) VA Medical Center (Wilkes Barre)	(N=1) VA Medical Center (Coatesville)
(N=10) Bear Creek Health Care Center (Bear Creek) Bloomsburg Health Care Center (Bloomsburg) Sayre Care Center (Sayre) Summit Health Care Center (Wilkes Barre) White Haven Center (White (White Haven) Black Lung Respiratory Disease Clinic (Carbonsale) Bone & Joint Associates of Wilkes-Barre Inc. (Wilkes-Barre) Scranton Primary Health Care Center (Scranton) Surgical Group, Inc. (Scranton) Drs/Boland & Kehrli, Medical Associates (Clarks Summit)	(N=10) Plymouth House Health Care Center (Norristown) Centennial Spring Health Care Center (Warminster) Chester Care Center (Chester) Leader Health Care Center (Norristown) Associated Health Services, Inc. (Philadelphia) Kensington Comprehensive Health Care Center, Inc. (Philadelphia) Penn Urban Health Maintenance Program (Philadelphia) Soll-Lipshutz Institute (Philadelphia) Whitman Medical Center (Philadelphia) Women's Medical Center (King of Prussia - Norristown)
(N=1) Quality Care Nursing Services (Dunmore)	(N=3) Nurses Home Care (Philadelphia) Quality Care Nursing Services (Lancaster) Family Home Health Care, Inc. (Jenkintown)
(N=2) Kramm Health Care Center, Inc. (Milton) Allied Services for the Handicapped (Scranton)	(N=3) Pinehill Rehabilitation Center (Philadelphia) Community Foundation Diamond (Sellersville) Elizabethtown Hospital for Children (Elizabethtown)

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APPENDIX N

APPENDIX N

PRACTICAL NURSE IMPACT
INTERVIEW SCHEDULE

PN Coordinators (N = 6)	NW - Warren County AVTS SW - Pittsburgh S.D.	NC - Centre County AVTS SC - Hanover S.D.	NE - Danville S.D. SE - Philadelphia S.D.
PN Employers (N = 12)	NW: 1. Brookville Hospital (AC) 2. Overlook Medical Center (New Wilmington) (LTC) SW: 1. Jewish Home & Hospital for the Aged (Pgh.) (LTC) 2. St. Francis Hospital (Pgh.) (AC)	NC: 1. Centre Crest Nursing Home (Bellefonte) (LTC) 2. Elk County General Hospital (Ridgway) (AC) SC: 1. Children's Development Center (Abbotstown) (ICF/MR) 2. York Hospital (York) (AC)	NE: 1. Geisinger Medical Center (Danville) (Tertiary) 2. Evangelical Community Hospital (lewisburg) (AC) SE: 1. Oxford Manor Presbyterian Home (Oxford) (LTC) 2. Lancaster General Hospital (Lancaster) (AC)
Graduates (N = 36)	NW: 1. Brookville Hospital: Jefferson-Dubois AVTS - 2 Clarion AVTS - 1 Warren County AVTS - 1	NC: 1. Centre Crest Nursing Home: Centre County AVTS - 3 2. Elk County General Hospital: Jefferson-Dubois AVTS - 2	NE: 1. Geisinger Medical Center: Danville S.D. - 3 2. Evangelical Community:

APPENDIX O-1

DANVILLE AREA
SCHOOL DISTRICT
PRACTICAL NURSING PROGRAM

Career Ladder Mobility
Nursing Program

Program Objectives

At the completion of the program, the graduate practical nurse will:

1. Utilize the nursing process through assessment, planning, implementation and evaluation of nursing care in a safe, effective manner to all races, creeds, and conditions of individuals within the legal limitations of the practical nurse in all settings where nursing takes place.

2. Demonstrate basic skills and knowledge in the prevention of disease and the promotion of health.

3. Demonstrate, through testing and clinical practice, a basic understanding of knowledge, skills and relationships necessary for nursing.

4. Identify community agencies to which patients with special needs can be referred.

Tuition and Other Costs

A cost sheet is included with the application for Track I and Track II. Fees are paid on admission with no refund.

Information in this bulletin is subject to change.

DANVILLE AREA SCHOOL DISTRICT PRACTICAL NURSING CENTER
PROGRAM PHILOSOPHY

We believe that education is the process which results in a change of behavior. This takes place only if the student has the ability and motivation for learning, and the faculty believe in what they teach, enjoy teaching, and create sufficient enthusiasm and interest to stimulate the students beyond the classroom. Further, we believe, that education is a process involving active participation of both learner and teacher which enables individuals to develop their potentiality in becoming a productive member of our existing and changing society. We further believe that education should allow for upward and/or horizontal mobility according to the individual's capacity.

We believe that nursing education is built on a firm foundation of basic education which prepares an individual to make appropriate adjustments to life, within the concept that nursing is an art and progressive science that serves individuals of all ages regardless of race, religion, sex, economic status and handicap.

We believe that practical nursing education is an integral part of all nursing and should prepare individuals to function cohesively with all members of the health team, and that an organized program will prepare the individuals to use sound judgement based on knowledge, skills, attitudes and experiences in selected nursing situations. the educational curriculum within this practical nursing program is planned and implemented by the faculty to provide sequential theoretical knowledge and adequate clinical experiences necessary for progressive learning to take place from the simple to the complex.

We further believe that the practical nurse under the supervision of a professional nurse and/or licensed physician, gives direct patient care; observes, reports and records appropriate information; performs treatments, administers medications and assists with the rehabilitation of patients. The practical nurse also participates in the planning, implementation and evaluation of nursing care in all settings where nursing takes place.

We believe that students have certain rights among which are: the right to learn on an individual basis, the right to question, the right for a voice through the student organization and the right to evaluate the curriculum and instruction. Finally, we believe that continuing re-evaluation of the curriculum is necessary to keep it current and flexible within the standards of nursing education and this evaluation is the responsibility of the faculty.

The curriculum of the Danville Area School District Practical Nursing Program is developed within an approved educational system and shares the responsibilities for educating qualified individuals to function in the health care delivery system and become a member of its health team.

ADMISSION

Admission of Classes

Classes are admitted twice a year, January and May.

Transportation and Living Arrangements

Students are responsible for their own living arrangements since there are none available at the center.

Students are also responsible for transportation to the school, college and clinical learning facilities.

Application Procedure

Write to:
Danville Area School District
Practical Nursing Program
DeLong Building, Box 140
Washingtonville, PA 17884

Telephone No. 717-437-3176

Mrs. Marguerite J. Savidge, RN.M.Ed.
Director of Practical Nursing

CURRICULUM
Track I
(Taken in its entirety with the Danville Area School District Practical Nursing Program)

Semester I

Anatomy and Physiology I
Microbiology
General Psychology
Nursing I

Semester II

Anatomy and Physiology II
Life Span Psychology
Nursing II

Semester III

Sociology
Nursing III

Clinical Experience in Nursing I, II and III are provided at area health care facilities

CURRICULUM
Track II
(In cooperation with Bloomsburg University)

Semester I

Anatomy & Physiology I	3 credits
Microbiology	3 credits
General Psychology	3 credits
Total	9 credits
Nursing I - non-credit	

Semester II

Anatomy & Physiology II	3 credits
Life Span Psychology	3 credits
Total	6 credits
Nursing II - non-credit	

Semester III

Sociology	3 credits
Nursing III - non-credit	

Clinical Experience in Nursing I, II and III are provided at area health care facilities.

Admission

Requirements

1. Resident of PA.
2. High School graduate or satisfactory achievement on equivalency examination.
3. Satisfactory physical condition as determined by a physical examination, including eye and dental.
4. Satisfactory achievement on pre-entrance admission examination.
5. Satisfactory references.

Note:
All races, creeds and colors regardless of age or sex are welcome to make application for admission.

Students are encouraged to have a general science background with basic Algebra included.

Advanced Placement Policy

The Danville Area School District Practical Nursing Program has an advanced placement policy for health assistant students, corpsmen, LPN's by waiver and other health occupations background.

Approved by - PA Department of Education, PA State Board of Nurse Examiners, Veterans Administration.

Accredited by - National League for Nursing.

APPENDIX O-2

Danville Area School District
Practical Nursing Program

HISTORICAL DATA

The Danville Area School District Practical Nursing Program had its inception on October 2, 1967. Prior to this date, the Geisinger Medical Center requested the Danville Area School District, in cooperation with the Pennsylvania Department of Education, to sponsor a program of practical nursing. This request was the result of a geographical study which indicated the need for licensed practical nurses at the local and statewide levels. On March 20, 1967, as documented in the Danville Area School Board minutes, a unanimous roll call vote approved the initiation of this program. At the following board meeting on April 10, 1967, Mrs. Marguerite J. Savidge was appointed Coordinator of Practical Nursing beginning July 1, 1967.

With adequate renovations, the Liberty Valley Township Elementary School Building was converted to an approved facility for the implementation of the practical nursing program. Although the instructional program was fully reimbursed by the Pennsylvania Department of Education, Bureau of Vocational Education, these renovations were a local expenditure of funds to which the Geisinger Medical Center contributed $2500. Approval for the facility was granted by the Pennsylvania State Board of Nurse Examiners and the Pennsylvania Department of Education.

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On August 14, 1967 the first instructor was employed. This instructor and coordinator prepared curriculum for the class to be admitted in October of 1967.

An initial survey visit made to the school in September of 1967 by the Pennsylvania State Board of Nurse Examiners, granted initial approval to admit two classes per year (October and April). The first class of 20 students was admitted on October 2, 1967.

Eighteen of the original members of the first class graduated on October 2, 1968 (17 females and 1 male). All 18 graduates wrote the state licensing examination with 100% attaining a score acceptable for obtaining their license. Based upon this achievement, full approval was granted by the Pennsylvania State Board of Nurse Examiners to the Danville Area School District Practical Nursing Program in March of 1969.

Between 1967 and 1977 the Danville Area School District Practical Nursing Program graduated 18 classes. Class size increased from 20 to 30 students. Additional qualified faculty were employed, as necessary, to meet the student/teacher ratio as mandated by the Pennsylvania State Board of Nurse Examiners. State licensing examination results proved satisfactory with only two failures occurring and obtaining a mean score above the state and national mean. Employment for graduates was continually available.

In 1972, the Pennsylvania State Board of Nurse Examiners revised the rules, regulations, and guidelines for approved schools of practical nursing in keeping with changing times. These revisions encouraged curriculum planning to provide career mobility and/or articulation with professional nursing programs. Curriculum was open to permit local

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facilities to design an educational program to meet the needs of their students for the present and future. Emphasis was placed on the development of measurable objectives, stated in behavioral terms, to facilitate evaluation of student performance.

Annually the faculty evaluated the total program and made necessary revisions in philosophy, objectives, and curriculum to reflect trends in nursing practice. The faculty review in 1975 revealed a sincere desire, on the part of the faculty, to design a more flexible curriculum plan which would permit career mobility and/or articulation at an advanced level.

A number of meetings, between the practical nursing program faculty and representatives of the Bloomsburg State College, were held to devise possible articulation and/or bonafide college credits being assigned to portions of the practical nursing curriculum. As a result of these meetings, and with consent of the Pennsylvania Department of Education, a two-track curriculum was written to allow students admitted to select either one as it met their immediate needs and future ambitions. The two-track curriculum was written with both Bloomsburg State College and the Danville Area School District Practical Nursing Program cooperating in the presentation of identical materials in the social and biological sciences under the same titles. The nursing curriculum components were to be taught at the Danville Area School District Practical Nursing Program only. For all other courses, students were at liberty to choose either those taught at the practical nursing program or at Bloomsburg State College for credit. Either choice facilitates upward career mobility through challenge and/or direct articulation with professional nursing programs

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with reduced loss of time and effort. Both tracks retain a basic entry level of curriculum into practice without change of the philosophy of practical nursing education.

The proposal was approved by the Danville Area School District Board of Directors on September 13, 1976 and by the Pennsylvania State Board of Nurse Examiners on September 23, 1976. The first class of 40 students was admitted on January 1977. Each track was selected by approximately 50% of the students. Schedules were established between both agencies to permit easy transfer from one school to another. Bloomsburg State College appointed Dr. James E. Cole to serve as educational coordinator between the college and the Danville Area School District Practical Nursing Program.

A brief description of the two-track practical nursing curriculum is as follows:

Track I - is designed for the student who wishes to take all of the social and biological sciences along with the nursing courses under the direction of the local practical nursing faculty. No college credits are awarded in the completion of this curriculum.

Track II - is designed for the student who wishes to receive college credit for the social and biological sciences at Bloomsburg State College. However, all nursing courses and clinical learning experiences are under the direction of the Danville Area School District Practical Nursing Faculty. A maximum of 18 college credits are granted by Bloomsburg State College for the social and biological sciences of the practical nursing program.

The total practical nursing curriculum is planned so that each track is equal in hours. The social and biological science content is written and taught in a parallel sequence so that students in either track receive the same basic knowledge in the same sequence pattern.

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Classes are scheduled so that all nursing courses are offered in the morning and the social and biological sciences are in the afternoon. This allows the student in Track II to go to the college for these credits in the afternoon while the Track I student is receiving non-credit courses of identical content at the practical nursing facility. Students are integrated for the nursing courses and planned clinical experiences. College classes do not interfere with planned experiences at any time.

Students in Track II are members of regular college classes with no special consideration as practical nursing students. They are required to adhere to college policies with respect to grades, class attendance, etc.

The required college courses are scheduled at the college over a 12-month period so that they are available throughout the year. This arrangement permits students who have been accepted by the Danville Area School District Practical Nursing Program to enroll in classes prior to official entrance into the nursing program. Any student completing all or part of the required credits are granted advanced placement upon admission. Admission qualifications for the nursing program are identical for either track selected.

Satisfactory completion of either track qualifies each graduate to write the state licensing examination and practice nursing at the entrance level. Graduates of the college track have the advantage of 18 college credits which are transferable to a collegiate program.

A recent nursing personnel assessment study by the Central Pennsylvania Health Council, indicates a present and future shortage of licensed practical nurses within this geographical area. The

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results of this study prompted a meeting on February 14, 1980, with representatives from the Pennsylvania Department of Education, the Comprehensive Employment Training personnel, Central Pennsylvania Health Services Council, and the Danville Area School District Administrative staff of the local practical nursing program. The meeting stressed the importance and need for the local practical nursing program to expand by admitting larger classes with additional clinical and classroom facilities.

At its monthly meeting, on March 10, 1980, the Danville Area School Board of Directors decided to relocate the practical nursing program to a larger facility (DeLong Elementary Building in Washingtonville). This facility is approximately four times larger than the present facility, providing for adequate expansion as needed. The Director of Practical Nursing was directed by the school board to acquire additional qualified instructors to maintain the student/teacher ratio as mandated by the Pennsylvania State Board of Nurse Examiners.

It was intended that relocation would occur in late August or early September of 1980, depending upon completion of necessary renovations. Approval for additional clinical facilities and qualified faculty was obtained from the Pennsylvania State Board of Nurse Examiners. With all requirements approved, enrollment increased to 60 students per class beginning January of 1981.

The anticipated enrollment of larger classes and the move to a larger facility prompted the faculty to apply for National League for Nursing Accreditation. In early 1980 the self-study report was written by the faculty and submitted for review in August. The accreditation visit took place in October 1980 and full accreditation for eight (8) years was forthcoming in December 1980. This report showed no recommendations or requirements needed to improve the program. Needless to say, administration and faculty were exceedingly proud of this accomplishment. To complete our goals for 1980, the move to Washingtonville was completed as of December 29, 1980.

During 1981 a proposal was submitted by Columbia-Montour Area Vocational Technical School to plan for articulation from health assistant to practical nursing with the elimination of Semester I. This plan became a reality at last in 1981 and the first students were accepted on advanced placement in the May class of 1982.

Since many changes were occurring in the Danville program, a Pennsylvania State Board survey visit was scheduled for October 1, 1981.

The career mobility program of practical nursing within the Danville Area School District has had many accomplishments and successes over the past 15 years. We are grateful to the Board of Directors for their continued support.

Telephone: 739-1891
739-5788

THE SCHOOL DISTRICT OF PHILADELPHIA
BOARD OF EDUCATION
DIVISION OF CAREER EDUCATION

JAMES MARTIN SCHOOL

ADULT VOCATIONAL TRAINING CENTER
Richmond and Ontario Streets
Philadelphia, Pa. 19134

CONSTANCE E. CLAYTON
Superintendent of Schools

MARION B. W. HOLMES
Executive Director
Career and Vocational Education

JOHN J. CRAFT
Director
Adult Training and Retraining

ANTHONY J. BECKER, JR.
Administrator

March 28, 1984

Dear Applicant:

We are beginning to plan now for our September, 1984 Practical Nursing class. Your application is on file for enrollment in September pending a satisfactory personal interview which will be scheduled in May or June and a satisfactory physical examination. The physical exam process will be explained on interview.

To help you in making your decision about enrollment we, at this point in time, anticipate that the tuition will be approximately $4000 and books and uniforms will be approximately $425. These costs are payable the first day of school which will be either September 7 or 10, 1984. Practical Nursing program students are not elgible for state guaranteed grants or loans. Prospective students who are currently receiving Public Assistance may be eligible for tuition aid under the Job Training Partnership Act.

Part of the planning process requires you to complete and return the enclosed form before April 13, 1984. If you do not return this form by that date your application will be removed from our files and the seat in the September class will be offered to another applicant.

We are looking forward to your response.

Sincerely yours,

Corrine R. Kurzen

Richard L. Brown
Acting Administrator

Corrine R. Kurzen, R.N., M. Ed.
Coordinator, Practical Nursing

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Appendix O-3
Page 2

PLEASE PRINT ALL INFORMATION

____
Date

____
Name

____
Street

____
CITY State Zip

____
Telephone

☐ Please check if this address is different from the address on your application

Please place a check mark in front of the statement that applies:

____________________ I will be paying the tuition and fees for the September class if accepted.

____________________ I currently receive Public Assistance and anticipate that I will be receiving Public Assistance in September, 1984. I will enroll in the September class if accepted.

____________________ I will not be enrolling in the September, 1984 Practical Nursing class because ______________________________
____
____
____

Please write any questions or comments you may have in this space.

REMEMBER - THIS FORM MUST BE RETURNED BEFORE APRIL 13, 1984. THE MAILING ADDRESS IS

Practical Nursing Program
James Martin School
Richmond and Ontario St.
Philadelphia, Pa. 19134

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APPENDIX O-4

SCHOOL DISTRICT OF PHILADELPHIA

JAMES MARTIN SCHOOL
RICHMOND AND ONTARIO STREETS
PHILADELPHIA, PENNSYLVANIA 19134

PRACTICAL NURSING PROGRAM
GENERAL INFORMATION BULLETIN

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HISTORY

The School District of Philadelphia Practical Nursing Program was established in 1947 to provide training opportunities for those residents of Pennsylvania who were unemployed. Funding was and continues to be provided by the Pennsylvania General Assembly through Act 280, Section 2508.3 of the Pennsylvania School Code. Although the state criteria for funding has been modified, the primary emphasis is to provide training opportunities for those who are in need of an education which will lead to gainful employment.

ACCREDITATION

The program is fully approved by the Pennsylvania State Board of Nurse Examiners and accredited by the Pennsylvania Department of Education, Division of Vocational Education.

PHILOSOPHY

THE FACULTY OF THE PRACTICAL NURSING PROGRAM BELIEVES THAT:

- Vocational Practical Nurse education is a formalized one year educational program developed within the multiple programs of Philadelphia School District's Vocational Schools. It prepares selected individuals to qualify as participating members of the health team. It encompasses respect for equal opportunity according to ability and interest without discrimination according to Federal, State, and Local Laws as well as the Practical Nursing Program beliefs.

- Nursing is an art and a science based upon principles drawn from the biological and behavioral sciences. Nursing involves ministering to the physical, psychological, spiritual and sociological needs of an individual. Nursing is a service of helping individuals prevent illness, maintain health and recover from illness.

- Practical Nursing is the performance of selected nursing acts in the care of the ill, injured or infirm which do not require the specialized skills, judgment and knowledge required in professional nursing. Practical Nurses function under the direction of a licensed physician, licensed professional nurse or a licensed dentist.

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- Education results in a change in behavior which occurs through a process of acquiring knowledge, developing skills, attitudes, interest, and values. Learning is facilitated when the material is presented from the simple to the complex and proceeds from the known to the unknown: Material is meaningful when there is active participation in the learning process and satisfaction can be derived from the learning experience.

- The educational program encompassed both clinical and didactic activities. It is the faculty's responsibility to plan, implement, and evaluate each student's learning experiences to stimulate their vocational and personal growth.
Evaluation by faculty and students is a continuous process used to determine the relevancy of the educational program and the individual progress of the student.

OBJECTIVES

The graduate of the one year Practical Nursing Program of the Philadelphia School District will provide safe, competent nursing care under the supervision of a Professional Nurse, Licensed Physician or Dentist. The graduate will function as a member of the health care team in providing nursing service to the patient and society through activities which may occur in acute or long-term care facilities, doctor's office, community agencies or other facilities providing health care. A deepened committment to health and welfare of society will be developed. The graduate will recognize that learning is a life-long process and continue to learn new techniques and approaches as they are developed.

The graduate practical nurse will:

-utilize facts and principles of physical and psychological needs in planning and providing safe and competant nursing care for clients.
-participate actively in learning.
-apply principles related to the maintenance of physical and mental health.
-adapt nursing behavior to life in a dynamic society.
-recognize the dignity and individuality of man.
-recognize their civic responsibility by personal involvement in community affairs.
-recognize the scope of the law which governs Practical Nurses and function accordingly.

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ADMISSION POLICY

The School District of Philadelphia Practical Nursing Program accepts all applicants for enrollment who meet admission requirements regardless of sex, marital status, religion, national origin, or age. Qualified applicants who meet minimum entrance requirements are enrolled on a first come basis. Qualified applicants who do not comply with the pre-admission requirements listed below may be excluded from class list.

Minimum Pre-admission Requirements in order of occurrance:

1. Be a resident of Pennsylvania
2. High School Graduate with 16 units or equivalent
3. Complete an application for enrollment
4. Achieve a minimum score on the entrance examination
5. Satisfactory personal interview with one or more Faculty members to determine personal and emotional suitability to this school and the Nursing Profession
6. Complete and submit to the school pre-admission forms and medical requirements which includes but is not limited to:

a.	two references	d.	Immunizations
b.	Chest x-ray	e.	High School Credential
c.	Complete blood count	f.	G.E.D. Scores (if necessary)

7. Students are scheduled for a complete physical examination which includes an urinalysis and blood serology test. Students who do not pass the physical examination may not enroll in the Practical Nursing Program.
8. Payment of tuition and fees when due.
9. Purchasing three (3) uniforms and other miscellaneous items listed on the last page by the date specified in the class calendar.

Admission to the program is contingent upon the applicant's understanding and accepting the rules and regulations of the School District of Philadelphia Practical Nursing Program.

ADVANCED STANDING POLICY

Applicants to the Practical Nursing Program who have had previous education in health education programs may request credit for these experiences. Advanced standing requests will be considered on an individual basis. All advanced standing proposals are subject to the approval of the State Board of Nurse Examiners.

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HEALTH SERVICES

A pre-admission physical examination is required of all students who enrolled in the Practical Nursing Program. When the results of the physical examination indicate a need for corrective action, it is the responsibility of the student to show valid evidence that corrections were made.

Students enrolled in the Practical Nursing Program are encouraged to carry personal health insurance. The school assumes no responsibility for medical costs incurred for any reason.

Emergency services will be provided for a fee to students when assigned to affiliating agencies; treatment for emergencies occurring at school are available for a fee at Northeastern Hospital.

TUITION AND FEES

No student is enrolled unless the payment of tuition and fees are provided by the due date.

Tuition or any portion thereof is not refundable after five (5) days from the date of enrollment. Fees will not be refunded to any student for materials.

Applicants who must depend upon funds received from welfare assistance resources D.P.A. - W.I.N., etc. - MUST have their qualifications cleared and approved by the agency BEFORE the first day of class. Contact your counselor or caseworker immediately after receiving notification of your acceptance into the Program.

Students MUST have all required books by the end of the first week of class.

Students MUST attend all classes in complete regulation uniform beginning approximately the fourth (4th) week of the Program.

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AFFILIATIONS

Assignments to the affiliating hospitals will be identified within the first three (3) weeks of the program. At this time assignments will be registered on the list of available hospital agencies in order of application and successful completion of entrance requirements. Final assignment will be the decision of the Administration.

Program regulations limit the number of students assigned to each teacher in the clinical agency.

Hospital agencies are as follows:

MARCH CLASS	SEPTEMBER CLASS
Albert Einstein Medical Center (Northern Division) Old York and Tabor Roads Philadelphia, Pa. 19141	Albert Einstein Medical Center (Daroff Division) 5th and Reed Streets Philadelphia, Pa. 19147
Albert Einstein Medical Center (Daroff Division) 5th and Reed Streets Philadelphia, Pa. 19147	Albert Einstein Medical Center (Northern Division) Old York and Tabor Roads Philadelphia, Pa. 19141
Metropolitan Hospital 201 North 8th Street Philadelphia, Pa. 19106	Metropolitan Hospital 201 North 8th Street Philadelphia, Pa. 19106
Hahnemann Hospital 230 North Broad Street Philadelphia, Pa. 19102	Phila. College of Osteopathic Medicine City Line and Monument Avenue Philadelphia, Pa. 19131
Phila. College of Osteopathic Medicine City Line and Monument Avenue Philadelphia, Pa. 19131	Medical College of Pennsylvania 3300 Henry Avenue Philadelphia, Pa. 19129
Methodist Hospital 2301 S. Broad Street Philadelphia, Pa. 19148	Pennsylvania Hospital 8th and Spruce Streets Philadelphia, Pa. 19107

A variety of agencies (Shriners, Day Care Centers, etc.) are available for enriching the educational experiences of the Practical Nursing Student. The Faculty is involved in developing these programs within the objectives of the course of study.

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ADVISORY COMMITTEE

A committee composed of business and community leaders, consumers, and health professionals functions in an advisory capacity to the Practical Nursing Program Administration in matters affecting the education and employment of Practical Nurses.

ATTENDANCE POLICIES

It cannot be overemphasized that punctuality and attendance are required for completion and that excessive absence is one of the leading cause of terminations from the program. AT NO TIME CAN ABSENCES, LATENESSES OR EARLY DISMISSALS EXCEED A TOTAL OF 10% OF THE REQUIRED DAYS OF ATTENDANCE.

Absence, lateness and early dismissals in excess of that permitted by program regulations must be made up at a time when sufficient faculty is available.

Special consideration may be given those students with satisfactory attendance prior to developing "extenuating circumstances" such as prolonged illness, death in their immediate family, or court action which leads to excessive absences. Absence of three (3) consecutive days or more require written verification. Medical forms will be validated upon submission and further evaluation may be required by Philadelphia School District Medical Services.

LEAVE OF ABSENCE

A leave of absence may be granted only after 100 days. Criteria for the leave of absence includes a "C" average for the total 100 day period and the NLN score must be at or above the 26th percentile. All absences must be made up prior to granting the leave. A letter stating the reason for requesting the leave of absence must be submitted to the Coordinator of the Practical Nursing Program and must bear the signature of the student and the clinical instructor. Medical reasons must be verified by a physician's report. The request is reviewed by the Progress and Review Committee of the Faculty and a recommendation made to the School Administrator. Final disposition of the request rests with the School Administration.

Any person granted a leave of absence must complete the program within two years from the original enrollment date or be terminated from the Program. To return from a leave of absence, the student must submit the request in writing at least four weeks prior to the beginning of the last 115 days of the program.

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CURRICULUM PLAN

Classes are usually scheduled Monday through Friday between the hours of 7:00 A.M. and 4:15 P.M. The maximum student hours per day is eight (8). All School District of Philadelphia holidays are observed and students have a vacation period during the month of August.

CTICAL RSING RRICULUM	PHASE I 40 DAYS	HOSPITAL PERIOD I 10 DAYS	PHASE II 20 DAYS	HOSPITAL PERIOD II 10 DAYS	PHASE III 20 DAYS	PHASE IV 23 DAYS	92 DAYS	TOTAL HOURS
IENTATION	7							7
DY STRUCTURE	36		20		20	4		80
NDITIONS OF LNESS	36		20		20	66		142
RSING ARTS	72	16	20	16	20	40		184
ARMACOLOGY UGS & SOLUTIONS	8		8		12	8		36
NCEPTS OF MILY HEALTH	36		20		20	4		80
ARMACOLOGY UG THERAPY	16		8		10	6		40
OFESSIONAL LATIONSHIPS	5		4		4	4		17
RSONAL AND MMUNITY HEALTH			20		10	4		34
BRARY	7		4		4			15
PERVISED UDY	36		16		20			72
PERVISED INICAL PRACTICE	21							21
STETRICS						30		30
DIATRICS						18		18
INICAL TERNAL AND ILD HEALTH							240	240
INICAL MEDICAL RGICAL NURSING		44		44			312	400
INICAL NFERENCE		20		20			184	224
TAL HOURS	280	80	140	80	140	184	736	1640

SPITAL PERIOD I, II 8 HR DAYS PHASE I, II, AND III 7 HR. DAYS
ASE IV

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COURSE DESCRIPTION

PROGRAM STUDIES INCLUDE:

BODY STRUCTURE - the location, description, and function of gross anatomical structures and physiological functions is presented. Knowledge necessary in the prevention of disease, in teaching good health practices, and in the recognition of deviations from the normal is included.

OBSTETRICS - This course explores the fundamental physiological and psychological processes during pregnancy. Preparation is given and experiences provided in assisting the mother and family during the prenatal, intrapartum phases of pregnancy.

PEDIATRICS - this course focuses on the growth and development of the normal child from birth to adolescence. Experiences will be provided in the care of children whose health deviates from the normal.

CONCEPTS OF FAMILY HEALTH - this course focuses on the concept that the family is the basic unit of society. It helps prepare the student for his or her role as a parent as well as a provider of nursing care to patients who are part of a "family". Included is the nutritional, emotional, physhological, and spiritual needs generally thought to be essential to family development.

PROFESSIONAL RELATIONSHIPS - orientation to the program, the learning processes, and communication skills. A brief overview of the history and trends in nursing is offered. Legal, ethical, and moral considerations of patient care as provided by the Practical Nurse are considered in detail. Leadership skills and employment attitudes are an integral part of this course as well as the entire program.

PERSONAL AND COMMUNITY HEALTH - this course is designed to acquaint the student with the basic principles of microbiology and the causes of communicable diseases. Community health agencies and current health problems will be explored in detail.

CONDITIONS OF ILLNESS - Principles of Patient care dealing with general medical and surgical conditions is emphasized. The patient as an individual with individual needs is stressed. Instruction and practice in developing and carrying out patient centered care plans by correlating knowledge and skills from the entire curriculum is provided on a continuing basis.

DRUG THERAPY - this course focuses on the fundamental principles underlying drug therapy. An opportunity to practice skills in the administration of medications is included. Emphasis is placed on providing safe and ethical administration of drugs as well as recognizing side effects of common drugs.

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DRUGS AND SOLUTIONS - this course is designed to give the student the skills necessary for calculating dosages and administering drugs, both orally and parenterally, to a group of patients.

NURSING ARTS - Basic nursing knowledge and skill common to all areas of nursing practice will be demonstrated and discussed. Emphasis is placed on the basic needs of patients including personal hygiene, comfort, rest, activities of daily living, and nutritional needs. Experience and supervision will be provided in adapting nursing care to the individual patient.

Opportunities to apply concepts and to develop skills learned in these courses of study are provided sequentially in the medical, surgical, obstetrical and pediatric departments of the affiliating agencies.

INSTRUCTIONAL STAFF

The instructional staff consists of fully qualified Registered Nurses employed by the School District of Philadelphia. The staff consists of coordinator, control teachers and instructors.

LIBRARY

The school is equipped with library facilities for study and reference for the benefit of students. Book loan privileges are granted. Affiliating clinical agencies have extensive medical and nursing libraries available for students enrolled in the Practical Nursing Program.

PROMOTION POLICY

The Progress and Review Committee formed by the faculty will conduct an evaluation of each student's progress in the program at regularly scheduled intervals. Students must achieve a minimun grade of 70% or its equivalent in order to progress in the program. The Faculty will willingly cooperate with any student who expresses the need for special assistance. The evaluation intervals are listed on the chart on page 11 . Students not meeting program objectives will be placed on probation according to established criteria. A grade of "E" or "F" indicates that the student is failing. All grades of "E" or "F" must be made up before the student can progress in the program.

A grade of "E" in any subject area indicates unsatisfactory performance. The student will be terminated unless the deficiency is corrected by scoring 70% or above on a reexamination scheduled within three weeks after the initial "E".

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A grade of "E" in three or more subject areas at any evaluation will result in the student being terminated from the program. Opportunities for re-examination are not available to students in this category.

Students exhibiting an "F" in one subject area at any evaluation will be terminated from the Program unless they seccessfully score 70% or above on a special re-examination scheduled within one week after the failure.

A grade of "F" in two or more subject areas at any evaluation will result in the student being terminated from the program. Opportunities for re-examination are not available to students in this category.

A grade on a comprehensive examination below 70% must be corrected in two weeks. A student will be terminated from the Program if they do not achieve a score of 70% or above on the re-exam.

Any student who fails two consecutive comprehensive examinations will be terminated from the program. Opportunities for re-examinations are not available to students in this category.

Consistently unsatisfactory clinical performance may result in termination from the program.

A	95 - 100	O	Excellent	4 credit points	81st - 100th percentile
B	86 - 94	S+	Good	3 credit points	61st - 80th percentile
C	76 - 85	S	Average	2 credit points	41st - 60th percentile
D	70 - 75	S	Fair	1 credit point	26th - 40th percentile
E	65 - 69	U	Poor (Failure)	0 credit points	20th - 25th percentile
F	60 - 64	U	Poor (Failure)	0 credit points	0 - 19th percentile

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EVALUATION PERIODS AND CRITERIA FOR STUDENT PROGRESS

	PHASE I (40 days)	HOSPITAL Period I (10 days)	PHASE II (20 days)	HOSPITAL Period II (10 days)	PHASE III (20 days)	PHASE IV (115 days)	STATE BOARD EXAMINATION
Minimum Standards of student performance	70% or above in each of the 7 courses	A satisfactory rating on the student evaluation	70% or above in each of the 8 courses	A satisfactory rating on the student evaluation	70% or above each of the 8 courses	Achievement of 70% or above in all instructional areas. Consistent improvement in clinical performance	Minimum Score of 350
Types of evaluation procedures used to assess student progress	Written quizzes; Take-home projects; Unit test	direct observation of student performance in the clinical area	Written quizzes; Take-home projects; Unit tests	Direct observation of student performance in the clinical area	Written quizzes; Special assignments Unit tests	Written quizzes Unit tests NLN and comprehensive examinations Special Assignments	Written examination
Opportunity for student evaluation of the program	Anonymously written course evaluation Verbal feedback Student Council suggestions	Written comments on evaluation Written evaluation of clinical experiences	Anonymously written course evaluation Verbal feedback Student Council suggestions	Written evaluation of clinical experience	Anonymously written course evaluations Verbal feedback Student Council suggestions	Written comments on evaluation forms Verbal feedback Student Council Suggestions	

GUIDANCE AND COUNSELING

The Faculty believes that it is their responsibility to provide guidance and counseling for students who are experiencing difficulty in meeting program objectives. Counseling by Faculty members is primarily directed toward providing the student an opportunity to discuss, in confidence, areas of concern. Program resources for personal counseling are limited therefore the student may be referred or recommended to agencies which can provide professional counseling.

Academic counseling is available from the Practical Nursing Faculty and also from various community resources.

STUDENT RESPONSIBILITIES

One of the prime responsibilities of the student is that he/she must understand that Program Administration is responsible for enforcing rules and regulations which are appropriate and necessary to achieve the educational goals. The Program will operate with strict adherence to the regulations imposed upon it by the State Board of Nurse Examiners whose aim it is to insure safe nursing services for the citizens of the Commonwealth of Pennsylvania.

You will be respected as an adult in a professional course of study. It is not our wish or desire to terminate or register students in the Course to later have them leave after learning that the Practical Nursing Program requires diligent application and sacrifice of time for intensive study. In order to successfully progress in the Program and ultimately in the profession, little time can be devoted to extra-curricular activities.

It is the responsibility of the student to report to the coordinator of the Program and their instructor any change of status, such as name, pregnancy, telephone number, address, illness, etc.

Each student will be individually responsible to complete his/her assignments and to make up assignments missed because of absences.

When the results of the physical examination indicate a need for corrective action, it is the responsibility of the student to show evidence that corrections were made.

It is the student's responsibility to attend class in complete uniform which must be kept clean. Jewelry other than wrist watch and wedding band is not permitted. Extreme hair styles or excess make-up is inappropriate and may not be worn while in uniform.

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Finally, it is the individual student's responsibility to exhibit the desirable character traits and behavior that will reflect favorably upon themselves, the class, previous graduates, the school and the nursing profession.

LIMITS OF LIABILITY

The School District of Philadelphia, the Board of Education or any of its employees and the participating hospitals will not be legally responsible for pre-existing physical conditions, or for damage, injury or loss of any nature sustained by any student while participating in the Program, and the student will agree to release the School District of Philadelphia, the Board of Education, its agents, employees and participating hospitals from any and all causes of action, claims or demands that may arise as a result of loss of any nature, damage, or injury sustained by any student while participating in this Program.

The student must accept the regulations of the School and cooperating Hospitals concerning attendance, safety, fire and other drills, lunch and rest periods, study assignments, use of locker facilities, assignments and personal appearance. Specific regulations will be issued at the first class meeting.

GRIEVANCE PROCEDURE

Program rules and regulations have been developed to offer the maximum learning opportunities for the maximum number of students. The Faculty will listen and evaluate any student recommendations related to rules and regulations on this criteria.

Students who have a complaint about some aspect of their educational program are required to follow this procedure:

1. Discuss the problem with those directly involved in the problem. If the problem is not resolved or the student is not satisfied he or she should then *
2. Discuss the problem with that individual's immediate superior. If the problem is not resolved or the student is not satisfied he or she should then make an appointment to *
3. Discuss the problem with the Practical Nursing Program

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Coordinator. If the problem is not resolved or the student is not satisfied he or she should then*

4. Make an appointment to discuss the problem with the Administrator of the James Martin School*

* At any point in this procedure the student may request, in writing to the Coordinator, the presence of two peers or an ombudsman.

Students will be given a copy of the Practical Nursing Program organizational chart during the first week of school.

STUDENT ORGANIZATION

A student organization allows the student to participate in the concerns of the Program for the purpose of maintaining and improving the educational environment. Each class section will be provided an opportunity to elect a class representative and an alternate. During the orientation period, a full description and explanation will be made concerning this worthwhile activity.

WITHDRAWING FROM THE PROGRAM

A student who voluntarily withdraws from the Program must submit notification in writing to the Coordinator of his/her intention, clearly defining the reason for withdrawal, the effective date and the student's intention to return if desired. A terminal interview will be arranged with the Coordinator of the Program. Any student who withdraws without compliance with the above conditions may not have the privilege to re-enter the Program at a later date. Re-admission to the Program will be contingent upon a review of his/her records by the Admission Committee of the Practical Nursing Program.

STUDENT EMPLOYMENT POLICY

Due to the physical, mental, and emotional demands upon the Student Practical Nurse during the educational program, the Faculty discourages employment. Students who must be employed part-time are urged to arrange for eight (8) continuous hours of rest in a twenty-four (24) hour period and to resign from employment when performance is impaired. If students are employed in health care agencies during their enrollment in the Practical Nursing Program they shall not wear any part of the student uniform nor may they perform any duties or assume any responsibilities designated as those of only the Licensed Practical Nurse.

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LIVING ACCOMMODATIONS

There are no living accommodations available through the school.

TRANSPORTATION

The school is easily accessible by SEPTA ROUTES 15, 60, and 73. Students must provide for their own transportation when assigned to affiliate hospitals, school, or field observations.

GRADUATION

Graduation from this program and submission of the student's application to the State Board of Nurse Examiners for the Practical Nursing Licensure Examination is contingent upon successful completion of all Program requirements.

Graduation ceremonies are held shortly after the program is completed. Families and friends can share in the pride and joy of the School District of Philadelphia's presentation of the Practical Nursing Certificate.

EMPLOYMENT OPPORTUNITIES

Many of our graduates are licensed in other states as well as in Pennsylvania and a large number have progressed on the health career ladder to supervisory and teaching positions in Professional Nursing and other allied health careers.

The local Bureau of Employment Security cooperates in the placement of graduates and in jobs.

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APPENDIX P

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PRACTICAL NURSE PROGRAM GRADUATES' "ADVICE" TO PEOPLE INTERESTED IN PRACTICAL NURSE ENROLLMENT

Be Committed

- It is very good training and a good profession to go into, it gives you great satisfaction to give the best care to patients.
- If this is your chosen goal strive hard for it and remember this is the most important thing you will probably ever do. The disappointments are few and the rewards are many. Please be compassionate and courteous.
- Always remember your basics, act like the professional person you will be, and keep your education updated.
- Make absolutaly sure that this is what you want and give it all you have.
- I feel the program is excellent. And is your first stepping stone in the medical field. It is very rewarding. I also feel the clinical training you receive as a student PN covers all areas very well, and helps you know the real world of nursing.
- I strongly suggest it. The program is very rewarding.
- Do make it worth your while. After graduation the jobs are so diversified you can find a job almost anywhere.
- Make sure its what you want to do. Nursing has great responsibilities. Peoples lives are in your hands.
- It is a very rewarding profession and I would highly recommend it.
- Stick it out it's worth it, but be prepared to be treated very poorly by RNs and doctors. For some reason they feel PNs are glorified maids.
- I would advise someone who is considering enrollment in a PN program that it is a good opportunity to get experience and a good foundation for a career in the field of nursing.
- No better investment could be made if you like the health field, enjoy people and want to continue your education.
- The program is very beneficial and the work as an LPN is very gratifying.
- Become an LPN only if you like to be around people and if you do not bring your feelings from work home with you.
- James Martin PN program is excellent in preparing you to work as an LPN.
- I felt PN school was well worth my effort, and I love my job.
- I feel its the best way to begin in nursing. Its fun, not too lengthy and gives you basic book and practical experience for further training.
- Being a PN is a most rewarding profession, both emotionally and financially.
- It is a worthwhile program, not only for those who wish to become LPNs, but also a fine basic education for those who wish to further their education in the health care field. A person working as an LPN, either full-time or part-time can be earning money to finance this education.
- Practical nursing is a very challenging and rewarding occupation.
- A tech school is a fast moving, stressful year, but well worth it. It's a good career.
- Enjoy studying and learning new ideas.
- It is worth it.
- It has to be important to you and something you really want. It was all worth it.
- The PN program was well worth the time and effort I put into it.
- Enroll in a PN program, the rewards totally outweigh the expense and hard work it takes to finish the PN program.
- You receive a good education and the teachers are very helpful. Also the medication course should be included in the program, instead of having to take the course after graduation.
- I would encourage them to attend a PN program if they would be satisfied to work in a nursing home or extended care facility in most cases. Otherwise, attend a nursing RN if possible due to more job opportunities in the Pittsburgh area. Or get LPN work full-time and get RN on a part-time school basis. I am happy as a LPN and I prefer extended care facilities to acute care facilities.
- My situation is not unique, but as a single parent my response must be that people should be made more fully aware of the responsibilities of being an LPN. I would very much like to continue my education, but the facility in which I am employed does not offer financial assistance. Also, as a single parent, I must pick up part-time jobs to supplement my income. I worked in industry for years and was a victim of the "recession" (and I used the term lightly) of the 80's. Unable to find any other job, I opted to put all my resources in the one year LPN program. Fortunately, I did get a job when I graduated, but financially it is a real, very real struggle. The responsibility which I have as an LPN is far greater than any I had in industry - yet my salary is far less - ½ of the last job I had. Friends who work in acute care settings also have less responsibility with RNs readily available. Extended care facilities are very LPN oriented, but place large amounts of responsibility on persons with one year training in medical profession. Sad part of my situation - I love nursing. Next to being a mother then a daughter, it is the most rewarding of careers.
- The course is very worthwhile, the work is rewarding, the pay is adequate.
- LPN is a good career to enter and receive an adequate salary while at the same time receive excellent educational assistance to further your status.
- If you are investing a large sum of money into your education make it larger and go for the top! It would pay off in the end unless money is the problem, then start small and advance. Also, I'd place much emphasis on working in the health care field as much as possible prior to enrolling into the training: You don't know what your getting into, until you are there.

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- Keep an opened mind at all times and absorb whatever knowledge you can about the medical field and retain it. You might not feel you need everything which is taught you, believe me you do and will use it as soon as you are actually on the job working.
- Make sure it's what you really want to do. Keep an open mind, study hard persevere. It's all worth it when it's over.
- Any further education is worth it.
- Really care about your job. Your dealing with human lives.
- I have found my LPN position to be very rewarding to myself.
- Be sure this is what you want because it is very demanding. Also remember you may someday be the patient!
- It is a wonderful opportunity to contribute to society and help your fellow man by doing a much needed service and feeling fulfilled.
- It is a very good and rewarding experience.
- It is a rewarding field to be in and well worth it.
- I would encourage someone to enroll in a practical nurse program because I feel that LPNs are in demand and it is a fulfilling career.
- Desire is 50% of the battle. If you sincerely want to be a nurse you can. Don't enter the program on a "maybe I'd like to be a nurse" attitude. Even if you are smart enough to pass the entrance exam. If you aren't 100% sure and 100% dedicated you won't make a good nurse. Also a word to interviewers and instructors: emotional maturity is an important trait which further enables you to handle day to day pressures of nursing.
- Anyone entering the health care field should be patient, caring and like people.
- You have to want it. Studies can be very demanding at times!
- Stick with it. It's very difficult, but very rewarding in the end.
- Make a full committment to achieve goal of graduation through sacrifice and organization.
- It's demanding at times but very worthwhile and rewarding at the end.
- It is an interesting career to study and work in.
- I really like my job and profession and would certainly do it again!!
- Make sure you have the time and energy to put into the program.
- It is worth the time, work and energy put into the program. You are the one to give the most care to the patient. Use your skills and knowledge.
- I would advise anyone that is interested in caring for people and enjoy people to enroll. It can be very rewarding.
- For someone who is considering entering a PN program I would say to go ahead and enroll and that they would never regret it. It's something you'll always know how to do and the feeling of helping someone is so gratifying.
- Be ready to "defend" yourself from people who consider you "just an LPN". I am proud of my training and the work I do and I stick up for it.
- I've learned through working that the LPNs role in the hospital is a very important and rewarding one.
- There still is a need for good LPNs.
- It is a rewarding career.
- Would tell anyone who is considering enrollment that they can receive an excellent education from the public school program offered at the Tech school. Feel extremely fortunate to have attended a program which has truly dedicated instructors and an excellent curriculum. Thank you for including me in your survey.
- Try to keep your ears open and learn as much knowledge as you can.
- If you enjoy working with patients or people directly this is the route you should take. You get more experience going through this type of program than most RNs ever get. And this is what I consider nursing is all about. Working with people!
- You have to want to make it.
- If it's what you really want hang in there, never give up. One of the most rich and rewarding experiences of my life.
- It is very rewarding in the sense of making one realize how important it is to be a part of helping others - will give one a sense of "self worth".
- PN programs are a wonderful step to take to get into the health field as a professional, the opportunities are open for the LPN.
- Nursing has been an unusually rewarding emotional experience for myself.
- I would do it all over again. If there is anything to gain in ones future, nursing is definately a first or plus in anyones future. It improves ones self esteem and confidence in knowing what you can do with your life. I love my career.
- Very worthwhile program this has enabled me to help my family and relatives many times.
- Be sure you want the daily personal contact expected of an LPN and are content to take orders from an RN. The rewards of happy patients are well worth it.
- I found it to be an enriching and educational program but one must be devoted and willing to dedicate much time to studying and hard work due to the accelerated program.
- The PN program is a very challenging, worthwhile opportunity for someone who is interested in the physical and emotional care of sick or injured persons.
- I would strongly encourage them to do it. Our school has an intensive classroom and clinical training.
- To me becoming an LPN was the first step I could make to become a nurse. I figured that if I could become a PN I would learn the skills needed to be a good nurse thus eventually I will return to get my RN and learn the job responsibilities essential for that job. Connelly was a very conscientiously applied program and I would advise anyone who wants to work and apply themselves to go to their program. They were very much interested in each and every student who wanted to apply themselves and work for a goal.

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- PN program is very worthwhile. I would strongly suggest it to anyone seeking a career in medical field.
- It is very rewarding and to help people is very important to me.
- I feel that we were adequately trained to assume the duties of an LPN. The course was a real challenge, but once you have completed it you really feel like you have accomplished something in your life.
- I would advise them that if they are thinking about it do it. It's a good start in the health care field. It can give you insight to additional branches in the field. I have found that GLPNs are essential to the health care field. One major comment: Be receptive of new ideas, different personalities, new information but never be afraid to ask questions when uncertain and always be true to yourself.
- Love what you do, every part of it or its not worth doing.
- Have patience and perseverance.
- You have to love nursing or you'll never be an exceptional nurse and find you're in the wrong profession, you give so much of yourself to others.
- Don't give up, its worth everything you go through.
- Be sure this is what you want, it is a very demanding and time consuming career, not only while attending school but also after graduating. It is hard work and sometimes does not seem rewarding.
- It's a demanding course but the joy of accomplishment and opportunity to serve others with your knowledge is very rewarding.
- Make sure that this is what they really want because the position is very satisfying but is also demanding (physically and mentally) and stressful at times.
- The role of a practical nurse is challenging in that she delivers patient bed-care on a one to one primary relationship. She is involved "hands on" with the whole patient unlike the RN who is also responsible for doctors rounds, endless paperwork and supervising the staff.
- If you want to really help those who need care, this is a fantastic field to be in. I have never regretted the year I spent attending PN school and feel this was the wisest investment I could ever have made. Don't allow age, or just that you feel you can't do it deter you, giving it your best try, study hard and do the best you can, it's worth all the effort you put forth. My life has changed so much for the better since I've become an LPN and I'm grateful to all who made it possible.
- You should be prepared to devote a large part of your time and effort but it's well worth it. The education is not only beneficial career wise but your experiences can have a positive effect on your life in general.
- Individual must enjoy working with people and have an interest in continuing their education after graduation as nursing is constantly changing.
- It's the best thing you could ever do for yourself.
- Stick with it, it's very much worth it.
- Be serious about your decision. Your going to be working with sick/well people. "I really enjoy help."
- Take the first step and stick to it. It will be worth the time you have given to it.
- I think they would really have to love the nursing field. Love to work with people. Realize that it's a tough job, but can be a rewarding one with many different opportunities most of all to put their whole self in the program.
- I feel they should be very sincere in wanting to become a good nurse, in other words a nurse who knows what she's doing and why andhas her patients welfare uppermost in her mind. I'd also advise them to be ready to study hard and to respect their instructors. I'm very glad I attended schooh because I really like working as an LPN.
- Must be patient and understanding towards people. You will come in contact with alot of people. You must be able to work with your co-workers and deal with them.
- It's a worthwhile program and good field to get in to.
- The course was very demanding. A-d anyone interested in this type of career has to be willing to make some sacrifices in order to accomplish this goal.
- Will there still be a need for LPNs in the future?
- Enroll and don't give up, no matter how difficult it may get for you. It's worth it. There are times when nothing went right and you wondered if this is what you want. But, when one patient can take the time to send you a letter and congratulate you on your graduation, you know it was worth the hard work and stress. Also the places of employment are different and if one is not right for you, look for another.
- That your time and effort spent during your education is well rewarded by the employment you later seek, and always be kind caring and compassionate to those you care for because they are human beings and need your skills to aid them in feeling better and maintaining good health, an- above all teach them good health habits: importance of medication doseages and times, diet, exercise and doctor visits.
- I consider the PN program, rewarding and challenging, and it offers a good steady career.
- Gratifying.
- If your concern for others has given you a desire to be a nurse stick with it. I am so glad that I completed the course- I find it very rewarding.
- Practical nursing is a great career for anyone. It is a learning opportunity, and I recommend it for anyone. It is a lot of hard work but is worth it. It really makes you feel good helping out people. There are bad and good times but the good times really make up for the bad ones. Thank you for caring.
- If you plan to work with people, have a nurturing personality, are not afraid of hard work and can handle responsibility, do consider a good RN program.
- If they enjoy working with and helping people it is a great opportunity for a career.
- It would be the most rewarding thing that anyone can do.

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- If interested in being with the patient being an LPN is more gratifying than being an RN.
- Give it all you got.
- Take it seriously.
- Take advantage of the opportunity.
- This is a very concentrated program and required a great deal of personal stamina and endurance.
- Make sure it's what you want to do, the course is hard and fast but the end reward is great.
- Work! You only get out of the program what you put into it.
- The program is not easy but well worth it in everyway when you graduate and pass the state boards with a title of LPN.
- The joy of nursing is very rewarding, but be prepared to work hard.
- Go in with your eyes open and be ready to work hard in and out of school.
- It is a good learning experience. It is a very hard job. When you are out of school you still have to learn alot more on the job. I noticed in the hospital they are short of help at times and it does run the nurses down and bum them out.
- Be ready to work hard. In school and once your employed. It is not an easy field physically or emotionally.
- I think it is a very good idea. It is hard work but in the end it is worth the hard work.
- Be ready for a lot of hard work.
- The program in itself, is excellent. It is also one that requires long hours of study, physical stamina and concentration. Working full-time while attending school is extremely difficult, and should be avoided, if possible.
- Takes a lot of time and devotion but is a rewarding career.
- Be sure they really want to go through and stick with the course because it is tough if you must go to school full-time and work full-time and especially if they have a family.
- Make sure you want nursing its hard work going through nursing school and working at school in hospital no picnic. Not like soap operas.
- Don't think its an easy program, the amount of material covered and learned in one year is amazing.
- Be prepared to work hard, study long hours and be sure this is the field you are interested in.
- Be prepared to put a lot of work and time into this effort.
- Being an LPN is hard work, challenging and very rewarding.
- Difficult but well worth it.
- Once you start, don't get discouraged, go all the way.
- Make a commitment to go for an LPN and stick with it. Do not go if you are not positive. It's alot of work and be very enjoyable, but you must want to do it.
- Be disciplined - learn the basics - be able to put others first.
- It's hard work but well worth it.
- I would advise anyone interested in the LPN course to take it very serious and to give all your time and energy to your training. It will help you be a good and competent nurse.
- It is well worth all the effort and is very rewarding.
- Work hard and you will find it a very rewarding and enjoyable career.
- It's a very good program with excellent educational and clinical training.
- This is a very hard crash course of learning but I perservered with it because it was my goal. I have recommended it to 2 of my friends who have graduated in 1983. They went on to college to get their associate degree as an RN I hope the state will continue this program.
- The PN program provides an excellent blend of the academic knowledge and clinical training necessary to administer professional care as a very vital member of the health care team.
- Be prepared for a lot of hard work and long hours in class and clinical preparations, but it is a year very worthwhile to be able to feel confident in doing bedside nursing.
- One must have true dedication to the career because it takes a lot of hard work and demands much of your time to attend school for PNs.
- I would advise them to work hard. For it is alot of education to learn in 1 year.
- Be prepared to work very hard, the work may be challenging but in the end its all worth it.
- Nursing is not a glorified profession. It's hard work. Make sure it's what you want to do. Perhaps it would be a good idea to take a Home Health Management course first or work as a nurses aide and get the feel of the work involved. You must love and care for and about people who need good care.
- It is a rewarding career, but a lot of hard work. You must earn your cap; it won't be given to you.
- It's alot of hard work but well owrth it in the end.
- Work hard, never give up.
- Make up your mind to study and work hard. Very demanding but very rewarding.
- I am very glad I decided to be an LPN and I think it's worth it - all the hard work and study.
- Be sure this is what you want to do because the school can be toogh and after employment it can be a thankless job. Do not intend to be negative because in our small community I am respected and I enjoy my work but in different areas and institutions it is not so.
- PN is definately worth the hard work involved.
- It is an excellent program that prepares you for a very rewarding and satisfying career. It involves hard work and dedication.
- Be willing to give alot of hard work and of yourself totally for that year.
- Be prepared to study hard daily. I personally found that year of study very enjoyable. (Though demanding) and very stimulating.
- Prepare to study hard and give up a lot if you really want to become a good nurse. It takes a lot of dedication and really have to want it. Nursing is a very hard career but very rewarding.

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. To be ready to work and study hard and be sure nursingis the careery they want.
. Study and work hard at the program, it is a rewarding career.
. Don't give up if things seem difficult. Have patience and persevere.
. Study hard, its worth it to finish, many people out there need your help.
. Get all the practical experience you can get.
. To be reasonably certain nursing is what you desire and be prepared to commit yourself fully to your studies.
. Take the program seriously and study hard.
. You have to do a lot of the leg work yourself. Be prepared to study alot - and do most information on your own.
. Make sure it's what you want, be willing to maker personal sacrafices for school work, but its really worth it.
. Be prepared to study and study hard.
. Be prepared to study, study, study!!!
. Study hard and take it seriously. It could be a wonderful and fulfilling experience as it was for me.
. Make sure you will have available time to study. As it requires time, responsibility, dedication and a willingness to study and work. Most important of all make sure it is a field of work you desire to be in not just an education to obtain a job.
. Be sure it is what you want to do. Stick to it no matter what. Study hard. Don't give up.
. Go and be committed to studying or you'll never make it.
. Be responsible, serious and study hard and open minded. Take advantage of all the program has to offer. This program was one year program with a lot of material to cover and retain andbe able to apply to the actual work situation.
. It is an excellent course for nursing. Even though I haven't passed my boards, I'm glad I got the education.
. Stick school out and then reap the rewards! Go to school now, don't wait until the prices go up.
. Study and learn all you can - beneficial later.
. To be willing to make a committment for the durationof the program of studies and to make sure they possess the humanitarian qualities necessary when caring for others such as: compassion, empathy, humility, etc. I find all too often, health care professionals such as: doctors, nurses, lab techs, etc. tend to be very callous and cold hearted when dealing with people who look to them for help, kindness and strength of character.
. LPNs give nursing care and perform nursing functions for patients requiring a significant level of skilled nursing care. What is taught in the classroom - study at least 4-6 hours per night and apply it to clinical experience if it is available. If you don't study and sink it into the brain you'll never survive the one year program. It is worth it and rewarding. Does Pitt have any programs for RNs through the mail? At the present time I could never commut and a mail course would be perfect. If you know of anything of the source, please write me. Thank you. Diane Barbati, 1506, N. Main St. Ext., Butler, PA 16001.
. Keep up with the work as it's assigned don't fall behind in assignments it is difficult catch up.
. Study learn all that you can. Nothing learned is ever wasted.
. The program provides excellent educational and clinical nursing training.
. Clinical experience is exceptional.
. Be prepared to study hard and give up everything for one year or length of course.
. Enter prepared to study.
. Study hard, its well worth it.
. It's alot of work, so don't plan on doing anything but studying. But it's well worth all the effort just try to see and do everything you can.
. Plan to spend 90% of spare time studying.
. Be prepared to study "48 hours a day" it will be rough, but it's worth it.
. Be prepared to study endlessly for a year. The course is very concentrated and requires your full attention, however, it is very rewarding to complete the course and pass state boards on the first try.
. Make the best of your clinical experience. Pay close attention to the lectures. Don't sit there and take it easy.
. You'll have to do alot of studying on your own in addition to your assignments one year is not enough.
. Study hard - get the most out of the course that you can.
. Course is hard but when complete you will feel accomplished something worthwhile.
. Take this opportunity and education very seriously. It is a challenging, never boring and rewarding career.
. Study hard and absorb as much of the information offered in the course. You will feel very confident when you start your career as an LPN. This program has to be one of the best!!!
. Plan a spance of time for crucial study. Our program was very clinical oriented, and the on the job (in the hospital) time was very beneficial. I worked an eight hour day (non-pay) besides going to school, but wish I could have applied that time to the program - there was so much to learn and so little time.
. To keep up with studies, even though it is hard, never give up. Yo- won't succeed in life if you give up.
. Study! Be prepared to give up a few social activities. Work hard do the best best that you, yourself could ever do.
. Study hard from beginning. Take one day at a time. Always ask for help when not sure.
. It gives you a very thorough education. It is an excellent chance to improve yourself.
. Study hard and have confidence in yourself.
. Before entering a PN program be sure to plan on studying hard, because this program is very concentrated and your have a lot of material thrust at you at a very rapid pace.

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- Intense difficult program. Worthwhile in long run.
- To take full advantage of clinical experience provided. Felt confident and prepared when began working.
- Take advantage of all learning opportunities. Expecially clinically.
- Very good program. Gives you a lot of clinical experience that is so important when starting a new job. I would highly recommend a practical nursing program to anyone interested in the field of nursing.
- The training that you receive from a practical nursing program is excellent to enable you as a LPN to function on a clinical floor. It gives you the "practical" information that you need along with the factual.
- Be prepared for tough but worthwhile year.
- It's worth the work.
- It takes much work and time. Stick with it and keep your confidence up.
- Be prepared for a year of work.
- That it is worth the one year of your life if your interested in the health field.
- Make sure someone is supporting you due to 40 hours a week you have to spend your time studying and not working.
- A tough year but well worth the effort.
- To be ready for the hardest year of your life and to plan to work very hard.
- It will be the hardest year of your life.
- Be very sure you are ready to give up a year of your life to the program.
- Be sure to plan ahead - time, finances, etc., so you may put all effort forth.
- Be prepared to devote the entire year to the program because it takes all you have to make it.
- When you make your decision to go for LPN you should also decide to commit yourself to one full year of intense study to prepare yourself for state boards and nursing.
- Plan to donate yourself completely to the program, if you wish to achieve the most from it.
- Be prepared to devote your entire life to the program for that year.
- It is very time consuming you need to study a lot of hours, make sure school is top priority.
- Be prepared to sacrafice time for yourself, family and friends, be prepared to work harder than you ever have.
- Plan to give just about all your time to the program, because it is very time consuming.
- It is an intense year of education. But very worthwhile and rewarding.
- The hard work during that one year is worth it.
- It was the hardest year of my life, but the benefits now far outweight the emotional year. I'd tell anyone who is willing to sacrifice and working hard - do it!
- Be prepared for a year of serious studying. It's a year of hard work, but much worth it.
- Plan to spend the year ahead devoting your time to the program so when you are out of you carry out techniques fully and understand what you have learned. Also the better you understand it, the better you can explain it to your patient. So your patient will feel more comfortable.
- Plan to devote all your energies and time for one full year to the program. Work hard and you'll receive great benefits.

Go For RN Instead

- Go to RN school instead.
- Skip LPN training and go straight to RN - preferably BSN if feasible.
- Go on for RN. I like just what I do, but there is more opportunities for RNs.
- Skip the PN program and a-tend a college program. Get an RN degree.
- Skip it and go straight for a four year degree in nursing.
- It at all possible, consider an RN course.
- I think it is wiser to become an RN than an LPN.
- If you decide to go into nursing, go for RN.
- Consider going directly into a RN school. Working as a PN is a great job, depending where you work. I have direct patients care which is good but I wish to become a RN. I should have enrolled into an RN program. In the future I will.
- Suggest they go to a two year associate degree RN program - I think it's silly to go for one year when with another year or two of school, you have a better job, wages and choice of jobs in health field.
- Not to go to LPN school and go straight to a RN program one that offers a degree if possible.
- If you want to make nursing your lifes career, go for your RN.
- Go on for RN. Aren't going to be enough jobs for LPNs.
- If you are sincere about becoming an important role in the nursing field go to school for RN.
- To consider going to college for a two year RN associates degree, because it pays off better in the long run.
- Consider a RN or BSN program first if at all possible.
- Take extra time and attend three year accredited RN school.
- It is an excellent opportunity for a person to get into the health care field. LPNs are very much respected, and many LPNs have gone on towards RN associates. RN three year programs and many towards BSN degrees. I would tell any person, "go for it".
- Skip the program and take a two year RN program. Ours was tough. A lot was crammed into one and one half years and I'm working day shift doing the same thing as an RN except hanging IV's and taking voice orders from doctors, with less pay.
- I would advise skipping the LPN program, go into RN area because the in-depth requirements of the LPN program are such that the student ends up mightily qualified and yet is somewhat socially inferior to the RN, besides, the salary is not adequate, by comparison to RNs.

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- Enroll in RN program instead.
- If they were able I would tell them to go for their RN. If they couldn't go for their RN due to money or time I'd suggest LPN school. If I had to do it over I'd go for my RN.
- Skip it and go for a two year RN course instead. The practical experience in a LPN program is better than the two year RNs get, but once you are out working in a hospital they ask you to do things, medications, hand IV bottles, charge of floor, reinsert gastrotmy tubes, etc. which I was taught LPNs are not legally allowed to do in PA. So if your doi ng the work plus responsibility of an RN position might as well get paid for it.
- Go to RN school. There are more opport-nities and more ways to further your career. At HMC (Lebanon) LPNs are down graded, and not looked upon as a health care professional.
- Don't bother. Go straight to an RN program.
- Forget LPN school, get your RN or you won't get a good nursing job.
- Go on to be an RN - LPNs are treated like second class citizens - they are not given the respect they deserve - if my age was not against me (I am 53 years old) I, too, would have gone on to RN school.
- Go on for RN as soon as possible because LPN field is limited.
- Go for an RN education. LPNs are having a difficult time finding employment in hospitals, all the hospitals in this area (Bucks COunty) are not hiring LPNs at this time.
- Go for two year RN program.
- I think the Pittsburgh Board of Education nursing program was a very good teaching school, however, with the talk about p-asing the PNs out I would suggest others planning a nursing career to go on for RN.
- First consider entering school for RN that provides adequate, on job, patient care training and not only textbook training.
- Go for your RN - more satisfaction.
- Go to school for your BSN. I have gained much experience as an LPN, but if I had it to do over again, I would go for BSN.
- To consider seriously entering an associate degree program and going on from there.
- Although this may sound straingе - go for your RN. As an LPN you are offered no chance for advancement, no special training, and practicals aren't taken seriously. I'm sorry I didn't go for my RN to start with.
- Go to be an RN from the beginning. Do not waste your time in a PN program and then have to repeat that time in an RN program.
- I feel that the PN program is a good one. My advise to anyone would be to encourage them to go directly for their RN. Of course, it would be much more involved but it would save alot of aggravation later. For your own self satisfaction I would recommend they at least consider going for this nursing degree. I'd like to see the PN program continued because it really is good. I hope it doesn't becom- too expensive in the future.
- Go on to be an RN, the need for LPNs is diminishing.
- If you think you can handle more responsibility and would like to perform the fullest extent go for being an RN in the beginning.
- Go all the way and get your RN if possible - the role of the LPN may be part of an endangered species in the next few years - but I love it anyway.
- If you're oung go straight to RN program.
- To go straight to school for RN or go to a program with transferable credits.
- It was a good program that I learned a lot from. However, if I had to do it all over again, I would have gone for the RN degree in the first place.
- If it's at all possible go to school and get either an RN or BS in nursing. The field for PN is very limited.
- If person is interestedin medical field as a nurse to go into RN course.
- If you are single go for your RN instead.
- If one was absolutely sure they want to be a RN, to go directly into a RN program rather than become a LPN first. Preferably a three or four year diploma program that offers a great deal of clinical experience rather than a college which lacks the clinical practice.
- Spend extra one to three years of study and go for RN.
- Due to 1985 referendum I would suggest they go to a four year RN program.
- If a person is sure they really wanted to be a nurse I would not recommend the PN program I would suggest they go to an RN school or college for a BSN. The PN school was good for me because I had been out of school for 25 years and I needed that year to rebuild my confidence and get into the routine study habits required for school.
- Good program, but, best to go on to a two year program for RN.
- The PN program is a good program but I would recommend a person to consider a RN program. I feel that eventually there will be a less demand for LPNs and to go to a RN program. I am serious in thinking of going on in the health field.
- Go to a two year program.
- Don't bother unless you never plan to upgrade your job to RN, BSN, etc. Go to diploma RN school.
- If you truly want nursing as a career and because of the potential for phasing out LPN's, consider your ability to commit to an RN training program.
- Be an RN - they cannot treat LPN's well where I work. Second class citizens also they keep saying they will phase us out.
- Enroll in an RN course. The pay is better. The job market is greater.
- If you could go for your B SN instead of going to a practical nurse program, do it.
- No, because Somerset Area isn't hiring LP_s and if the 1985 proposal goes into effect LPNs won't have a job. Go to RN school.
- Go be an RN - the LPN is being phased out and pushed out. "Real" nurses don't recognize you as "one of them".
- Go on for your RN if possible, there is more security than in being a PN, however, if you must or totally desire to be an LPN plan on going west or south to find work.

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. If you can go to college and become an RN. If you can just manage LPN put you're best effort into learning and you'll do fine. LPNs are in little demand and good jobs are hard to find.

. Its a very demanding course, think twice because very few institutions and nursing schools and colleges give the LPNs the recognition and pay they deserve. Nursing (RN) schools and colleges do not count or give credit to the year of PN training.

. Consider going for associate degree more job security if working in acute care facility.

. Better to go to RN program as LPN's are being pushed out of the occupation. However, in five to eight years the pendulum of need will return.

. If they can go to a four year RN program LPNs will always be needed in nursing homes but not in hospitals.

. If you want to be a nurse become a RN and be prepared to move out of the area (Johnstown) hospitals are laying off here.

. I would never tell anyone not to go to LPN schoo-, but today everything is becoming so RN oriented. They are phasing LPNs out of evary specialty area in the hospital. It's a very good training but I wish I would have went right into an RN program. We work just as hard but receive less pay. Plus with an RN degree you can go any where in the hospital. Also, its very hard to get a job in the hospital in this area as an LPN two of my classmates work in a hospital and I'm one of them. A few still haven't found jobs. (Harrisburg, Steelton, (Highspire.)

. If they are serious, seriously consider going for RN. Most hospitals (all in Central PA) are phasing out PNs and are not hiring at all on full-time basis. Nursing homes hire PNs, you must like geriatrics and they pay was 25¢ more hourly than an aide (at the home where most of my graduating class is working). That's not enough for the responsibility and money spent for schooling, but that's the only place where hired full-time with benefits.

. I would advise anyone wanting to go into LPN training, not to do it. I would suggest to go on to be an RN. The job market for an LPN is poor. RNs have a better chance at job placement or if you're really interested in the medical field and want a guaranteed job - go onto be an MD.

. Enter into an RN program since many employees are phasing out LPNs. I couldn't suggest a potential student to spend all the money and hard work involved and then be unable to find gratifying employment.

. Avoid PN pro-ram - although it was very good program, with the eliminations of PN's the time would be better spent attending a RN if you are so inclined.

. Don't, go for a RN program. RNs are paid more, have better benefits, and do very little more than an LPN.

. Go on for RN. Present LPN status is questionable. Future?

. Becoming a PN helped my outlook on life. It is both challenging and rewarding, however, times are changing. I believe it would be very difficult to find a job today, if I were just starting out. If you wish to make a career out of nursing my advice is to go to an RN school.

. Go into four years of school for RN. Don't fool with PN program. Too many LPNs working in this area. It's hard to find a good job.

. I would say you would probably benefit going to a RN school or program more than an LPN program because of the demand for RNs.

. I would advise any potential practical nurse to strongly reconsider and if possible enter a RN program, especially if the person is young. The only sources of employment for future LPNs will be nursing homes and as home health aides-not too desirable if long term employment is their goal. This type of employment is.fine forthe mature individual re-entering the job market with the need to support herself.

. If it was in this area (Somerset) I'd tell them to go and get their RN because there are more openings for RNs than there is for LPNs.

. Jobs are very hard to find - go straight to RN school.

. Go to an RN program for an AD - you will do the same or less owrk and get paid 1/3 more. Advancement is also available.

. To take the med course - our hospital no longer employes LPNs must be med qualified. If at all possible I would suggest going to an RN program. My hospital is gearing toward an all RN staff. (Upper Bucks County)

. There doesn't seem to be enough good job opportunities for LPNs at this time, so if you're determined to be a nurse, be an RN.

. I don't regret being an LPN but feel restless and wish I had gone directly to RN training.

. To go to RN schooling due to the low job openings in our area, plus because of the change in hospital who aren't hiring LPNs. Also to make sure the school you attend is a school you can receive grants and students loans for.

. That LPNs are an asset to the nursing profession. The schools give outstanding clinical training. I would encourage them to seek RN school degrees; due to most PN schools are closing, plus many LPNs are finding it hard to find employment. Also most hospitals are hiring RNs and with DRGs in effect and RNs new definition most RNs are going back for their degree.

. If they plan to go to LPN school to become an LPN they should consider going on for their RN because the demand for LPNs is decreasing and to spend all that time and money to get your license and not to get a job isn't worth it. They shouldn't go unless they planned to further their education.

. I like the PN program very much and enjoy my work as an LPN but I would advise someone to think seriously about the ever present rumors on the phasing out of PNs and to possibly put that years schooling into an RN program.

. Although I've been fortunate finding jobs, I feel unless you have a good recommendation with a high school average, there aren't many jobs with advancements for an LPN. If career oriented, check the RN programs before deciding.

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- I wish I would have went for two years to Washington Hospital School of Nursing. I am not happy being an LPN - I am doing the same work that the RNs are doing at less pay.
- Don't start out as a PN, too many places are already trying to phase us out. If you are going into nursing, go for your RN degree with your BS and have it over with at the beginning. Too many places are only offering part-time for LPNs and hiring RNs for the full-time positions with benefits.
- Practical nursing is a good career to get into if you are a compassionate person able to give your patients a more personalized care- But it also is excellent experience for those who want to know what nursings about. I do not recommend this field for anyone who really wants to make it their career. These people should go for their BSNs since in many states the LPNs are being phased out and not given the recognition they truly deserve. (LPNs are not considered "Real Nurses".)
- Consider going for an AD or diploma degree for an RN at York Hospital when LPNs leave they are being replaced by RNs. Since Vo-Tech is now graduating three classes of LPNs a year they seem to be able to find employment in the area nursing homes only. I myself wish the area college would offer a special course for LPNs to go on for an AD and receive some credit for the year they completed in school.
- Please consider the limitations placed upon you as an LPN. Regardless of the knowledge you possess you will be unable to grow and increase your faculties unless you have the money, time to go back to school later for a nursing degree. I am referring to JCAM and state rules and job descriptions.
- Consider becoming an RN for greater career flexibility and opportunity.
- To check out all areas of aide and to go to a four year college and obtain a BS in either the health field or another challenging profession.
- I think you receive much better nursing preparation than a two year RN program; however, with nursing on so many different levels at the present, its unfortunate to say a RN program may be a better choice. Employment is limited as a LPN, but I feel there will always be the need for the LPN.
- To inquire into an associate degree nursing program before making a decision. The extr time involved may be more than compenstaed for in later earnings.
- Save yourself time and money and get into an AD or BS program. I don't understand why they're keeping the LPN programs going if the 1985 proposal goes through we're all out of luck.
- I would advise them to become an RN due to the fact that in many areas LPNs are being phased out to be replaced by RNs.
- Try for an RN program. There is a considerable difference in earning power. Where I work an LPN is not considered a nurse, there is no chance for advancement at all.
- Think carefully before investing the time. If you are very sure you want to go into nursing it's probably more sensible to go right for your RN.
- I would advise that person not to go through a PN program; to either go through school for AD or BS degree in nursing. They'd be alot more secure and respected with a degree behind their name!
- To go into an RN program because the majority of the hospitals are only hiring RNs and are trying to do away with PN as far as the training it was good, but there are vey few jobs available.
- Enter a degree nursing program as the beneficial outcome of the training and expense and eliminate worry about NLN phasing out LPNs.
- If a person wants a career with a future in nursing, I would suggest that they go directly into an RN program if it is at all possible. It is getting harder to find a job as an LPN and especially in a hospital.
- If the future plan is to keep LPNs in the nursing profession, I would recommend it highly. But, if they are going to phase LPNs out - go to school for RN instead.
- I would honestly at this point in time have to tell them to consider the pros and cons of LPN vs. RN two years. Employment opportunities are difficult as an LPN in a hospital situation but excellent in a retirement village or nursing home atmosphere. Depends on what a person is looking for.
- Take extra year for associate degree. RNs make better money plus job field is wider. 90% of all grad end up in nursing homes.
- I would encourage them to go for RN because at this time there are fewer LPN positions available and it is difficult to find employment in certain areas.
- If someone is very serious about going into nursing, they should seek the RN programs before LPN programs. LPN schools are costing more to attend and by adding just a little more money they could go through RN program and have a better job opportunity working in the hospitals if desired.
- Jobs for LPNs are so scarce, I wouldn't advise it. They should just start a course for RN or some other course in the health care field.
- I would tell anyone to go into RN school. It is very bad in the PA area for hiring of LPNs and is in (unless in) the nursing homes. What we were taught is not put in good use and has discouraged alot of my classmates that have gotten their license. It seems that LPNs are being somewhat faded out and it has become a great concern. This I know from talking to alot of people who have graduated past and present from my school.
- Jobs are hard to find! (Greater Johnstown) It may be better to go for an RN or an NA. They seem to be able to find jobs faster. I started at my place of employment as a part-time aide. I just lucked out to be able to move up to partOtime LPN so fast.
- I would encourage them to enter a RN program or a degree program instead. The field for LPN has closed up considerably and it is extremely hard to find a job.

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- Don't go directly for the RN or BSN. LPN is a dead end street with little promotion or expanding potential.
- If you have the financial help and desire to nurse continue on to be RN (what I hoped to do).
- Make sure you know what LPNs are licensed to do. If your expectations are too high you might as well attend RN schooling. It may cost more but you'd be better off in the long run.
- Consider the options carefully - the time and cost of attending a PN program is almost the same as a AD 92 year RN program. The LPN in most institutions is not given the recognition of a "Nurse" and is not utilized to their full potential.
- Check the price of PN education compared to the price of RN program. Since the price of PN education is getting very high, example: I paid $713 in 1982 and my sister who is currently attending the same school is paying $2500 and possibly even more than that depending on the state funding.
- If persons circumstances allow I should advise them to go to study two years for RN.
- If possible go to be an RN. If not possible go into LPN program, very rewarding. Plan to put your mind and whole heart into the program.
- If you are able, take the training to become an RN right away. You will probably do it later anyway and save some costs and time.
- Considering the time and effort put into this program and with the availability of jobs in this field I would strongly recommend an RN program.
- Research the field of nursing first, find out what it is all about. Think about long term career plans and look into some type of RN program also.
- If you want it - go for it, but if you can afford it - go for RN.
- If they really wanted to be a nurse, I would suggest they go directly in to an AD nursing program. Once you become a LPN you usually like nursing so much that you want to become an RN anyway.
- The program is worth investing in if time is a factor. If you have time and want the responsibility I'd recommend getting a BS-RN; which I hope to be able to do inthe next five years.
- I would really suggest they strongly consider a two year program. But if unable to do that the LPN school is a good school and teaches what you need forthe field.
- Find time and money to go for RN instead of LPN. The extra year or two to complete studies would definately be an advantage in todays job market.
- My feeling is that they should go for their RN and not for LPN. There is no respect for LPNs in the health care field.
- To make it second choice, only if he/she cannot get into an RN program.
- PNs deal mainly with the patient, but many times where I work we must be able to do RN work and also nurses aide work, which at times is very rewarding and other times discouraging. If you are definately sure a nurse is what you want to be, I would consider going on for RN. But being an LPN and being able to work so close with the patients is rewarding. Make the most of your clinical work and learn as much as you can, it will help when you start work.
- It is hard work for one year but stick with it. I have found it to be beneficial, rewarding and a good foundation. One of the best things I have ever done. Suggestion: A two year RN course; like the community college programs now available in the State of MD would be a true asset to the State of PA if it could be made available. I and I am sure others would take advantage of it if obtainable in PA.
- If you are willing to dedicate the time and energy it takes it would be worth your while. I am currently working as a dental assistant but I do miss practical nursing, but my benefits and job security are more important.
- Enroll in a college where the LPN course could be applied toward the RN program at a future date.
- Consider a four year BSN if interested in career advancement and if potential is present.
- I would advise them to seriously consider going for their RN if nursing is the career they really want, and they want the responsibility of the RN.
- If at all possible go into a health care field other than nursing. If you really want to be a nurse go for the RN there are many more opportunities. A PN is definately under-paid and carries a much heavier patient assignment than a RN.

Go For It!

- Do it.
- Do it. Doubled my income for a years education and its a great career for a family person.
- Do it! Educate yourself as much as you can!
- Do it, you won't regret it!
- Do it, it opens alot of doors when you need it.
- Do it! The greatest thing that ever happened to me. Hard course but well worth effort. If seeking employment go to a state such as Maryland which allows you to have status and work at the capacity trained.
- Worthwhile career.
- It was well worth it.
- Stick with it.
- Excellent career opportunity.
- Excellent choice of occupation.
- Very beneficial.
- Very satisfying career.
- Very rewarding.
- It's a good thing to get into.
- Go for it.
- Go for it - you will love it.

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- Go for it! Going to PN school was the best decision I ever made. I'm very proud of myself.
- Go for it. I think it is a very good education and I just wish there were more jobs in this area. (Somerset)
- Go for it. It's a good program. I'm glad I went.
- Go for it - but be prepared to study.
- Go for it! It's great!
- Go for it! The PN program that I attended was most fulling and thorough; an excellent program due to our diligent instructors. Our class of 19 students all passed state boards first time and are all employed as LPNs.
- I would recommend she go for it. It is a very satisfying vocation.
- Go for it. The LPN program is a wonderful opportunity for women in all walks of life to have a truly fulfilling and rewarding career.
- Be sure this is really what you want - go for it. Become dedicated to the nursing field. Apply yourself toward that dedication.
- Go for all that you can - put your best foot forward and learn everything you possibly can. It's an exciting career.
- It has been the most rewarding job I have had, not only financial but inwardly rewarding and self gratifying. I had wonderful instructors and would recommend CCCVT to anyone interested in applying for LPN training. (Central Chester Co. Vo-Tech).
- Take the PN program - it is a fantastic program.
- Don't hesitate. You will find it to be one of the most rewarding time of your life. I love it.
- Only go if you are very sincere and totally committed to nursing and to give the best care to patients as possible.
- It is a very educational program - do go through with it.
- Well worth the time and work, excellent program.
- I would encourage them to enroll.
- It's well worth the time and money I'm glad I went.
- Be sincere in wanting to devote most of time to helping others.
- Nursing is a wonderful profession it gives you a good feeling when you realize you are doing something you enjoy and are helping other people who need help.
- My advice would be to do outside research and keep up with all classwork. Do it for yourself!
- Go ahead with the program. It is challenging and very rewarding. Knowing the theory and other important duties of a RN is terrific but being a bedside nurse LPN is where the heart is and and I find it very rewarding and satisfying.
- Take it seriously! It's not for fun, it's for a profession.
- It's rewarding and worth the money it costs to attend PN program.
- I enjoy my level of employment ot the fullest degree but at the present I am not so sure of my job security due to the economy and changes in hospitals methods. It appears to be a wise move to obtain a degree in nursing if planning to continue working in hospitals which I care to do.
- I feel it was a beneficial course. I am a self-employed privated duty nurse.
- Being an LPN is very rewarding. It's an o-cupation where you can feel proud of yourself. If your a person who really cares for people and wants to help in anyway the nursing field is for you.
- It is a fabulous field.
- Super course if willing to put time and effort forth, not easy, hard work, well worth it.
- The LPN is the backbone of patient care. Even though the LPN is doing more today (and where I work RN-LPN roles are the same) the LPN is "bed-side nursing". You hear so many tales that the LPN is being rid of - replaced by RNs. Why? I do not believe it - and very proud to be an LPN.
- Be prepared to give up full year to work and study. Fast moving challenging course if one wants to do well must be prepared to devote the time needed. Glad I took the LPN course and hope it remains available to those who desire to take it.
- Alot of studying, can be difficult, make yourself stick with it. Glad I did.
- Acquire as much knowledge in the program as you can. It was a very worthwhile program and I enjoyed it very much.
- Well worth time and effort of going through program.
- Best move ever made, encourage anyone to go into med. field. Sense of job security but more opportunity as an RN would advise to further education if it's right for you.
- Good program to get into.
- Efforts of LPN training and succeeding is a way to give care, compassion, love. Receiving all these in return gives extreme fulfillment. It is worth it.
- It is well worth your time and energy. It's very rewarding.
- The rewards were worth much more to me than I had imagined whatever you do the knowledge you gain follow. It was something I'd do all over again.
- If you're not dedicated and don't have self discipline you'll never make it. But if you're willing to do you're best to help humanity with a concern then the time you put into it is worthwhile to meet the challenge.
- I'm glad I did it, but I'd never want to do it again. Twelve months of study, study, study, not time for family, friends or leisure. If you're not prepared to work hard and make sacrifices, don't bother. In the end, it's worth it.
- PN is very rewarding.
- That it is a very rewarding experience.
- I would tell them to tkae the course because it is definately worth it and you can get a good job when you complete the course.
- Don't quit no matter how difficult it may seem its a great reward. As an LPN the one to cne relationship with the patient can't be beat.

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- I would highly recommend the PN program to those interested in nursing. The program was excellent and prepared me for work in the health care field.
- Study hard and be serious with all your studies. I love it!!!
- It is well worth the time and money.
- It's a job that I find fulfilling and I am grateful to the LPNs who encouraged me to go on through PN training. It's relatively easy to find a job also. There are alot of 4-6 year college grads. who can't find a job, so to go through one year of shhool is well worth your while.
- It can be the key to your future or at least a new and probably brighter future. You may stay an LPN or advance your career with your LPN license to build upon.
- Attend a school that gives excellent training (Franklin County is one) and then go ahead and do your best. LPN/LVNs are valuable to the health care field.
- I really enjoyed the PN program, I attended and I am very happy with my job as an LPN.
- I love my job and every day is a rewarding experience.
- Excellent program, would advise anyone to take it.
- Go ahead and enroll, the personal rewards are well worth the time and effort.
- Give it your best shot. Don't let the work get you down.

The LPN As A Career Builder

- PN is an excellent career choice in itself or can serve as a very helpful stepping stone toward higher nursing degrees.
- To use the practical nursing program only as a stepping stone to a associate or BSN program. Most hospitals are not even hiring practical nurses at this time.
- Hospitals are not hiring as many PNs as they did before, I think one should go to RN school or use a PN program as a "stepping stone" to RN school.
- Use this program as a stepping stone to determine if nursing is really what you want before you dedicate two-four years to become an RN.
- I found my practical nursing to be extremely rewarding while involved. For me it was a "building block" in which I could make a better decision about what career plans I could strive for in the medical profession. (Got me in the door and gave me a good taste.)
- To view becoming an LPN as a stepping stone to other employment possibilities. At the present time, the employment opportunities for LPNs are decreasing due to the change in the nursing profession as a whole. For example the implementation of primary nursing which is happening in my hospital, therefore, they are no longer hiring LPNs.
- It is a thorough one year program that gets you started in a nursing profession and serves as a stepping stone if you prefer to advance your nursing educaiton.
- A short term positive experience. Stepping stone to the broad spectrum of careers in the nursing field alone. Besides gaining knowledge and increasing self worth and confidence. Definately not a waste.
- Take all college courses before entering school, so you can concentrate on the classes offered there. I started nursing school (RN) in January. I feel I learned more in that one year which has been an asset to help further my education.
- I think that it is a good decision to go to LPN school first before going right into a RN program if that's your plan. You have to be completaly willing to do it. It has to be your #1 priority because it isn't easy. But it's worth it.
- It is a good foundation toward one's RN.
- If nursing is your career goal, become a PN first - the education you will receive and the knowledge and experience you gain will benefit you in your RN studies and career; you will be a better nurse. I love being an LPN and would not trade my work for anything.
- Go for your RN instead. If you cannot go that long without a pay go for LPN then go onto college part-time.
- I think it is a good place to start if you are seeking a nursing career - with this background you can go on to further your education in nursing.
- If you're serious about a nursing career and you can afford to set both time and projected earnings aside, by-pass the PN program all together and shoot for a nursing program leading to an RN and possibly at least an associates degree program combined. It is difficult to have the PNs year of study applied as credits toward obtaining status as an RN. There does not appear to be too many opportunities for career growth as an LPN.
- To do very best you can during your training and to apply yourself to the best of your ability. This will not only allow you to become a good nurse but will better yourself as a person. And if you find that you enjoy your profession, go back to school, after all, your halfway there, so use it!
- That it's quite rewarding personally and the pay is good. And it has inspired me to further my education in the health care field.
- Although at times a difficult task being an LPN is enriching experience. If your goal is direct patient contact, this is the only avenue. Even though I am going on to become an RN I'll always be an LPN at heart.
- Continue on right away to further your education as an RN don't put it off. It is harder for you to go back to school. Be sure that this is what you really want to do and not just because of the money. There is no money in the field of nursing.
- It is a hard course so you must study hard and don't give up. The field of medicine is a challenging career. To become an LPN is great and it will also give you a chance to see if you like medicine. If you do you still have a chance to continue your education and advance yourself.

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- Go for your LPN work a year and then go back for your RN-BSN and then your masters!
- Go to PN school to see if you have a real interest in nursing, but plan to go on with your education do not stay where you are.
- Go to get BS in nursing or at least AD where credits could be applied toward BS. Feel eventually that this is a coming trend. Feel I made a mistake, should have at least gotten AD at community college. Also PN training should count for credit toward beginning AD or BS in someway. Otherwise wasted time as far as continuing on goes. Especially important because a lot of older women or men become PNs - have much life experience but short on time.
- Encourage them to at least get an AD, since LPNs are being phased out with much emphasis on degrees.
- My enrollment in the PN program was very rewarding and educational, however, my advice to them would be to attend a graduate nurse program.
- Continue on for RN degree to avoid any prejudice.
- The money and time you would invest to be a PN you might as well go to a community college for at least two years and become an RN
- Take Trac II college credit courses before starting actual PN school. Make sure you can devote all your time to your schooling. Make sure they are financially ready.
- I learned alot while attending the PN program. It gave me a chance to get my feet wet in nursing and is helping me a lot now in college for my BSN. I have a head start on a lot of the students. I encourage anyone to go into the PN training first before going on for their RN for this reason. Also, it gives you something to fall back on job wise while attending college. The only problem I find with a lot of LPNs are there are very few jobs in the hospital setting this is where you really learn. I'm one of the fortunate ones I got a good job in a well advanced hospital and the LPNs find it a great learning experience. We do primary nursing there, we each have a group of nine patients a piece, then the RN covers us for the loss and things we can't do. It's a great learning experience. Also the hospital has alot of inservices on assessments of the patient, care plans on various illnesses, etc. These increase our knowledge and skills as an LPN.
- Make sure its what you want to do and go for it. Study hard, apply what you learned and be good at it. Remember also that the patient comes first and they will need you, sometimes more than you can give as one individual and as a nurse. If I can afford it I'll pursue my career til I can get a BSN in nursing.
- From my experience I would tell them to access their goals in the nursing field and research the best way to obtain that goal be it LPN or RN. If I had been able to talk to someone and learn there was a three year RN diploma school in my area (York County) I would have gone in that direction first. Although going to PN school cemented my goals and gave me a greater determination to obtain my RN I hope to continue my education at S. Baltimore General there is a one year program for LPNs to obtain an RN.
- I would advise them to enter the program with the understanding that they will have to continue their education after graduation in order to make any career advancements.
- It's a good preparation and experience for you if you want to further your training in the health care field.
- To really consider what type of nursing they really want, PNs are really limited in their choices.
- LPN is a good start in the nursing field, gives one a basic understanding of the health profession.
- If you are not 100% sure you are going to like nursing and are hesitant about two, three or four year RN program try PN first - you can always further your education later and still work as an important part of the health care team at the same time.
- I would recommend an PN program for someone who is undecided as to whether he/she wants to be an RN, but wants to be involved in the field of nursing.
- It's a good program to help you to decide whether or not you want to continue your education as a nurse or get out of nursing, without putting too much time into school.
- I don't think that I could have successfully completed the associate degree RN program that I'm now attending (graduating in three weeks). James Martin was a good background for me to have.
- PN program is a very good place to start if interested in nursing, because our program was very in depth and produces confidence for working as an LPN and is a good basis for continuing education in the nursing field.
- It is excellent experience for someone interested in the nursing profession. Once a LPN you can see your boundaries and guidelines for nursing, in which I feel comfortable, but other like the responsibilities of an RN in which if they do further their career they have had a good start at nursing skills.
- I would attend a two year program to receive an associates degree in nursing or attend a school which would accept the one year to go on for RN I have not found a college which will.
- If just a graduate from H.S. take LPN course, then go on for RN. The classes are hard but worth the effort. I was out of H.S. nine years but it didn't take too much extra effort to get back into studying again. Some day I'd like to further my education when my children are a little older.
- I would highly encourage anyone to take the course because it was an excellent program but from what I see where I work there is a slow fading out of the LPNs and they are being replaced with RNs. I feel very strongly about being an LPN but I feel as if I am being forced through my job to go on and get my RN or I will not have a job. I feel LPNs are a vital part of the health team.
- I would recommend it 100%. It gave me the practical experience needed and education I needed to work as an LPN I know now nursing is what I want and I didn't need to spend money going to college to find out what I didn't want to do. Now, if time and money permits, I can further my education in the nursing field and enhance the practical experience I received from PN school.

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- A practical nursing program, for me, was the first stage of a chosen career. It is a system of achievement in nursing., education with open doors. I highly recommend it!
- I feel that the practical nursing program is a great foundation for a career. You can build with it if you decide to go on for further education in the health field. You have a lot of clinical practice which makes a big difference when you start to work in the real setting.
- I would recommend that it only be a starting point, but it is an excellent start I encourage further education to become an RN but not every nurse can be an RN with the excessive responsibility.
- With the 1985 proposal still very much an issue, I would urge anyone taking the practical nursing program to further their education after graduating from the course.
- It's a great basic foundation if someday you would become an RN. My age prevents me from going on to an RN degree.
- Do not get a job in the Hazelton Area. Go to a city that has a hospital and/or medical center that will help to further your education and advance your career.
- I would say to go to practical nursing school if you have a limited amount of time that you feel you can be away from your family - if you can spend more time on school work with less obligations at home then I had, go to RN school first. My PN school experience was time consuming but I would not trade that time for anything in the world.
- I would encourage person to consider an RN program if at all possible. I did not feel I myself had the time or money because of my own childrens education. I'm pleased with my education and occupation and I'm proud to be an LPN but I still feel limited and think about getting my RN.
- Will receive good training but will not be respected as a nurse until you receive further education. Though, it is a good stepping stone for BSN programs.
- Do it! Then go south. From reading Nursing Journals, hospitals in the south encourage continuing education.
- I would encourage enrollment in an AD-RN or BSN program due to current ANA position on employment of LPNs.
- I would explain the school is a very good one. That I really love being a nurse. But not to go for one year and be an LPN. (No hospitals are currently hiring LPNs.)
- Take the course while you're young!! Also it is a stepping stone to go on to your RN. It gives you more patient contact than a RN program.
- I would tell them to attend a PN program and if they want further education they would have all that information already.
- If person is sure they are really interested in nursing as a career and has opportunity, would encourage RN program. Example: single or without dependents for married persons or those with dependents, low financial situation, LPN programs are great!
- Check educational expenses for two year AD nursing program - this is a 19 month program for an RN degree. The PN programs are for 12 months and most LPNs go onto school anyway for their RN.

Be Cautious

- Go on to be a RN. There are fewer jobs for LPNs. Everything is directed to RNs. Next it will be BSNs. LPNs have to stick together to support PNs or no one else will.
- Good preparation for furthering your education in nursing. No jobs for LPNs in area - laying off.
- It's a rewarding and self fulfilling profession but job wise in this area (Scranton) jobs are not available here as in other places.
- Think twice, it's hard to find jobs in this area. (Centre County)
- Unfortunately, in this area (Lackawanna) there is a terrible lack of employment possibilities especially full-time. Think it over carefully. I hate to be pessimistic, but the situation in this area is deplorable, particularly if you have a family to support.
- Make sure there are LPN jobs in area you plan to live.
- Be sure you are in an area where jobs are available.
- I myself feel this area is now saturated with LPNs. There are 30 graduating each year. This area (Clarion) cannot absorb the number of graduates and these graduates will not re-locate. This is the fifth class from this area - I would advise anyone to consider a higher degree in some area of health related field.
- If one becomes an LPN, do not expect to find employment within the hospitals in the city (Greater Johnstown) for there is no openings.
- If you plan to work as an LPN in the same area as your nursing school, be sure of the demand for LPNs. Otherwise, it may be worth going to an RN school or going for a degree.
- It depends if they want to relocate, because since I've been working, the hiring of PNs has been minimal. I see many students entering the Somerset PN School, and when it comes time for graduation, they aren't able to find jobs. If more openings were available I would encourage them.
- First scheck community for job placement after training. If there will be opportunity for chance to apply and get job, then yes go ahead with it.
- In the York area jobs are becoming more difficult to find - especially in the hospitals.
- Consider employment possibilities in area.
- I would advise anyone who is not willing or can't to move from this area (Somerset) to not even think about taking this course because you can't find a job in this area.
- Inquire in your area regarding employment opportunities available after graduation.
- Consider job opportunities in this field. Very slim in some areas at present.
- Look at career opportunities in your area. Make sure your chance for advancement and education is good.

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. Jobs are limited.
. Determine whether or not there is a demand for LPNs in your area. There has been a recent sharp decline in job opportunities for LPNs in many areas.
. The program is excellent but the jobs are limited to the area. (Marlin, PA)
. That there doesn't seem to be many nursing opportunities in the area and they will probably have to leave the area for employment.
. Employment potential decreased. Abundance of LPNs and few jobs.
. At the present time think carefully since job opportunities are becoming very scarce in rural areas. Be willing to relocate to urban areas.
. The practical nursing program is a basic, sound education that can be used daily whether employment plans are in the future or not.
. Check around first to find out what opportunities are available in this area.
. I would advise that they check the job market. Hospitals in the Harrisburg area are not hiring LPNs and jobs are hard to find.
. I think the LPN program is a very good one. I have spoken to a few people that are now attending I'm proud at what I've accomplished as an LPN. There is one problem, there are more LPNs than jobs in this area. (Johnstown)
. LPNs are limited more and more everyday. I feel LPNs are going to be phased out. Also in school you get an average of two-three patients once you start working you get an average of six to eight patients (at least) and you are not prepared for that.
. Check and be sure of the job market in your field of work or further your nursing education.
. Ask someone, if possible, who is attending or has graduated from the school if the program and training was informative and gave you a good background as a PN. And also check in your particular area if there are job openings for LPNs.
. With the present trends in nursing, I don't think I would enter the LPN program unless I knew that I would choose the field of private duty or nursing homes for the elderly. There is really no future here in Western PA for the PN in the hospital settings. This is sad, indeed, as I feel strongly that the LPN has her roll to fulfill just as does the RN and the physician.
. It's a 12 month program where your training has to take priority over everything else in your life in order to succeed. I would also check in my residential area of the prospects of employment.
. There is very little employment opportunity for practical nurses in this area. Most of the hospitals around here are laying off most or all of their LPNs.
. The health care area is closed and jobs are hard to find. First get a job as an aid then move up.
. I feel it is hard for a LPN to find work and if you plan to go to school you should just get RN.
. Consider whereyou desire to work first. In our area (Harrisburg, Steelton, Highspire) the hospitals only seem to be hiring RNs. We have a two year community college program and an abundance of nurses at present. Also the cost is very high. $3200 to $3400 for the year. I really enjoy being an LPN because we get involved in patient care instead of the paper work the RN is expected to do.
. Check the employment available in their area for the LPN after graduation. Jobs in my community (Crawford County) and surround areas are nonexistant. Consider a two year associate degree program if financially feasible.
. Wonder where will the LPNs be in five years.
. Make sure there are LPN openings in your area. Don't think there are as many LPNs as there were, say five years ago.
. Although the clinical experience of the ADN program leaves much to be desired, I would advise a person to seriously consider it instead of the LPN. With current trends such as the DRGs and the 1985 proposal the future of the LPN is in question.
. I would advise him/her to attend a RN program. I have a fear the LPNs are eventually going to be phased out or forced to get their RN. Since I have graduated, a lot of responsibilities have been taken away from the LPN in the Scranton Hospitals. That to me is not a good sign. I do not feel secure enough with my LPN license. I know I can depend on a RN BS degree. When I attended PN program I thought it was a very good program. If LPN is what someone wanted I would advise them to go to S. Vo-Tech, Scranton, PA.
. Consider future of PN in PA. My hospital has only hired 10 PNs since I was hired but have hired 60 plus RNs!! I love being a PN and would go through it all again!!
. If interested in working in an acute care facility do not consider an LPN program. Most hospitals are not hiring LPNs.
. I would tell them at the nursing field is rewarding, but that jobs are not as abundant as they lead you to believe while in training. It gets very discouraging trying to find work. Especially if you have a state hospital right in your own hometown that doesn't hire many LPNs.
. It was a waste of one year to go for LPN. The area hospitals are phasing out the LPNs. I am one that has been phased out. There are just too many for this area. It is a very good program but conditions have changed.
. I would encourage them to postpone making a decision concerning enrollment in a PN program until a conclusion has been determined concerning the 1985 proposal. I would also suggest that future LPNs be fore warned of the very biased attitude of many RNs and nursing directors have toward LPNs particularly in a conservative hospital environment or in a hospital that also has its own school of nursing for RNs.
. At the present time the area I work (Harrisburg) is not hiring LPNs in acute care facilities and there are very few job openings in long term care facilities.
. Consider the possibility of LPNs being phased out.
. Don't go. No need for LPNs.

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. Seriously consider if this education will give you a job which is secure or if LPN positions may eventually be abolished.
. Enroll in a RN program instead because LPNs do almost as many duties as a RN with a few exceptions, are paid $2-$4 less an hour. However, I do enjoy the direct patient care which an LPN gives. I belive 85% of the bedside care is administered by the LPNs not RNs.
. Make sure you know what nursing is about before you get into it. Too many people in it for a "job" its not that kind of profession.
. For the price of tuition and the amount of things you learn - I would recommend to invest 18 months to take an ADN program than to invest 12 months to be an LPN.
. The role of LPN is to be phased out of acute care facility. I would advise only those interested in working in an ECF, physicians office, etc. to pursue LPN.
. To make sure what you picture being an LPN is expected to do and also be sure of where it is leading because today in this area in particular if you wish hospital work, LPNs aren't considered and the push is on for more BSN and RNs. These people get preference and make all the decisions.
. It's really only a start. If you are interested in a regular permanent job, perhaps more training is necessary to get that job, especially on day work. If a person is willing to work full time and 3-11 or 11-7, there are jobs available, but for me I am not in a position to work those hours because of family commitments. Part-time day work is almost impossible when starting out.
. Take care in choosing practical nursing as a profession. Too many LPNs are finding difficulty finding jobs. More and more hospitals are trending toward the "1985 Plan". Make allowances to further your education in order to advance in the health care profession.
. If interested in working in long term care facility (nursing home) and plan to be there in next 5-10 years, go to school. Otherwise, don't bother with LPN training. I feel these schools should seriously consider closing.
. Be prepared to work in a nursing home or similar environment since there appears to be few other placement opportunities for LPNs in PA.
. If considering nursing in a hospital it's more advantageous to attend two or three years RN program. Hospitals seem to be leaning toward all RNs and primary nursing. PNs utilized best in nursing home or ECF environment.
. Before entering be aware that you will probably be employed in a nursing home with elderly people. It can be depressing at times so if you don't feel you can handle the fact that you will be more likely to see decline in your patients condition than improvement this field of employment may not be for you.

Explore Health Occupation Careers

. Prepare yourself in H.S. Take courses and classes associated with and ones that would be an asset to your future health care education.
. Have some previous experience in health field as it's not what I expected. Be truly committed to service I was an older student and was appalled athe younger girls lack of committment and their attitudes. Financial aid should be available; it's difficult enough studying, without people having to maintain jobs also.
. First make sure this is what you really want to do. Know you must study from day one. It is a very rewarding career. If you like working with patients, instead of paper work you will love being an LPN.
. I feel that everyone whom is considering enrolling should have nurses aide experience to be sure nursing is the field they would like to be in - you must learn that nursing is a field in which you have to make a lot of sacrifices and must be able to make proper judgement and handle emergencies with a cool head.
. To work in a hospital before enrolling in any nursing program. Starting as an aide shows what the profession is really like.
. I would tell them to get some health care experience before deciding on school, as volunteer or nurses aide.
. Volunteer or work as an aide or orderly to see if it is your field before you are overwhelmed with the amount of knowledge you must digest in that period of time.
. I would suggest they explore all of the areas of nursing and make sure PN is what they want. Of all the changes that are taking place in nursing it's hard to say how long PNs will be used. I realize the changes are slow, but they're coming. Also, many people don't realize the difference between PN and RN or just think nursing is a glamour job and they find out differently after it's too late.
. I would suggest working at an acute care facility as an aide before entering the Program, also to obtain any necessary textbooks through either a library or bookstore to prepare for terminology to be used.
. Volunteer or work as a nurses aide for a year before entering program.
. Talk to nurse working in a field that is of interest to the prospective student. It's a good profession, but one should know all the demands that are put on you, the nurse, not everyone can handle them.
. Work as an aide or at least be familiar with job description open to LPN especially nursing homework.
. Get experience as aide or volunteer to be sure it's what you want. If it is it's worth every effort.
. They should be sure that they want to go into nursing. They should work as a nurses aide first to see if they will enjoy nursing. If they do then continue on by going to Pn program.

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- To work as a nurses aide so to acquire first hand experience in health care.
- I would suggest that this person work in the health field for experience first (as an aide or otherwise) to make sure that this is what they want.
- I would recommend they get as much and a wide variety of nursing experience as they can get. Either while in school or before by doing volunteer work. Once in school to study and learn as much as is possible.
- Try it first, work in the health field in another fashion first to see if you like it. If so, go for it.
- Volunteer or become an aide at a hospital or nursing home and experience the needs of those who are sick or incapacitated before just going into nursing because it takes a special person to help others who are in need.
- To make sure they would really like and enjoy the medical field.
- It would help if they had some basic knowledge of the health care field (worked as an aide, orderly). This way they would have a good idea that they would like this type of work. They would not have their "heads in the clouds" so to speak. I feel the same way about the RN programs. I have seen a lot of graduates (RN and LPN) that think alot of work is beneath them. So let them know what it is all about prior to enrolling in the schools.
- Do volunteer work or work as nurses aide to see if you will enjoy the work.
- You should be truly committed to helping others and be prepared to make studying your top priority while attending school.
- Be sure nursing is what you really want, because its a very demanding profession and it has to be something you really want to be able to give your best.
- Be prepared to totally commit one year of your time to training because there is alot required during that year. Make sure you really want to be a nurse. Develop good study habits and become well organized.
- To make sure it's practical nursing you and and not RN schooling.
- Nursing is not a profession you want to get into for the money. Nusring is something you must want to do from way down deep inside. You face a lot of depressing situations that you have to deal with. You have to be there to support the patient - they're no there for you - you're there for them. Nursing is the greatest - but not for everyone.
- This takes a special person that enjoys helping other people. Talk to other people that are in the nursing field and to see if this would be the kind of work you would want to do. Also, to help you decide, attend a career day at the nursing program.
- Make sure its what you really want to do and don't drop out after you started - it does get better!
- Make sure that it is what you want. It's a tough job, but very rewarding to me.
- Besure this is what you want; then give it priority in your life and you won't regret it.
- Make sure you know the difference between LPN and RN and the difference in responsibilities.
- If that is what you want in life, be consciencious or don't bother going through any program - because patients and people are at stake!
- Make sure nursing is for you - it is not for everybody.
- My advice to future PN students is to make sure your ready for the career you have chosen.
- That one should be told or know the realities of working as a LPN. In that it is not easy and has its rewards and disappointments.
- Be sureyou are truly interested in nursing as a career. The program is a short but intense period of study in which one must be willing to put forth a great deal of time and effort. It is a most rewarding career and there are many different job opportunities available.
- Make positively sure, nursing is the career you want, before you enroll.
- "Do you really know what your getting into?"
- Just make sure its what you really want because nursing isn't something to go into just so you have it to fall back on, it's not an easy field to work in.
- Don't take this course lightly. I don't advise it for someone who is just looking for something to do or a better paying job. Try some kind of health training (small course) and work at it first. If you don't have all your heart in it don't bother. I love what I do. But I've seen too many disappointed.
- For me the LPN course was a long and hard year. My biggest problem was that I quit a job I liked very much to enter a field that I really wasn't even sure that I really wanted to work in. So I guess my advise would be to think about it very carefully and know that that is what you really want, because if your heart is really in it you'll do all right no matter how hard you think it might be.
- It is a good idea if you are not sure what you are seeking in the health care area.
- If you lack compassion stay out of nursing.
- Be sure this is what you want and be prepared to study. Very satisfying work.
- If your sure its what you really want do do with alot of devotion and caring in your studies it can be a very rewarding career personally upon completion.
- Be sure its what you really want to do. No amount of money in the world can make you a good caring nurse. And in my opinion only someone who really cares and is happy doing what she/he is doing, can be a good nurse.
- If this is the field you would like to try and you feel self worth in aiding people, by all means "go for it". You'll never know, unless you try!
- Make sure this is what you want to do. There were alot of drop outs through the course because it was either too hard or they just couldn't take the clinical experience.
- Be prepared for whatever you do.
- Make sure it's what you want to do.

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Select Your Program Carefully

- Be sure the program is accredited by the State.
- Be sure to choose an accredited school with an excellent rating. Also pick out a school which is heavily affiliated with a hospitalor medical center.
- Enroll in an accredited school which offers the best possible educational and clinical experience available to you.
- Be sure that you are enrolling in an accredited school that you study as though this is the most responsible endeavor you could undertake. If you accept employment in a skilled care area as I have, you must develop expertise which will enable you to function on the same level as an RN.
- Be certain credits can be applied to further studies.
- Only enroll in a school which gives credits. Otherwise go in computers.
- Make sure school you are planning to attend has good credentials. Also check into how many fail or pass SBE.
- Check on the military programs, they are excellent.
- Excellent entry level job and training for hospital work and a excellent background for RN education motivation but I have been disappointed that vocational school credit is not transferable at any RN diploma or community college nursing programs in the PHiladelphia or Montgomery County Community Colleges where I have inquired. I feel our program is worthy of recognition and credit for advanced standing without the cost of challenge exams which are very costly and vary from each institution and are most difficult to prepare for.
- To check into an RN program first to see if there is a possibility of attending that rather than an LPN school. For the extra year it would be well worth the effort. I do feel my LPN training is a great benefit for my RN studies but most schools won't recognize your nursing skills and that's a shame.
- If at all possible attend a program to qualify for registration, preferably at least a two year program to gain college credits to work towards a BS since most colleges give no credit for LPN diplomas.
- I would advise anyone who feels inclined toward nursing to give the LPN program a try. If the person really likes it, she or he may move on to RN, etc. If, however, the person is less than pleased, only one year has been spent.
- I would advise the prospective student to make sure that he/she would be satisfied in the role of LPN as opposed to extending their education toward an RN program to begin with. Because of the quality of the PN program here, (Warren County) I feel many LPNs are as qualified, if not more, than many of the RNs but receive very little recognition for their skills.
- Decide what is important to you if you want patient contact go for PN schooling. If your interest in money or a lots of responsibility then I would recommend RN schooling also I would tell them to be ready for a tough year ahead of them. But its worth it.
- If you have RN potential (academically and financially), do it. If not, PN training is very valuable as a stepping stone in career mobility as it offers a chance to work in the field while continuing educational goals, which makes study in related areas more relevant. Caution: If the program offers an affiliation with a college or university, definately choose itr find one that does. It will prevent having to repeat courses if planning to go on with further training. I just repeated 20 credits because I didn't affiliate and should have.
- Attend a PN program where the credits can be used to further advance yourself in nursing.
- Find the very best school you can; be prepared to work very hard for a year and you will have a satisfying career.
- Be sure you have thought about the coice and to make nursing a career not a job.
- I would tell someone to enroll in a program where they would get a lot of on duty hospital training. It is much easier to learn by doing than just by reading or being shown a procedure.
- To make sure they have a good course on nursing ethics.
- Consider the cost per year for LPN school and RN school and research into the future for LPNs.
- Check into several schools before choosing one.
- Look carefully at all the levels of nursing. Decide in which direction you want your career to take you. Make sure practical nursing is what you really want.
- Make sure you carefully examine the curriculum and only enroll if a drug program is included.
- Make sure the program has a fairly comprehensive pharmacology course.
- Explore job opportunity in practical nursing in your particular area. If you desire employment in an acute care facility, make sure LPNs are being hired and not just RNs as is the current trend in this area (Harrisburg). Encourage "ladd-up" programs in your area for LPNs.
- Make sure you get into a program that gives adequate training in all aspects of nursing. Example: pharmacology - so you as a nurse can feel competent when practicing nursing.
- Get into a nursing program where your clinical training would be at a large teaching hospital so you would have more expanded clinical experience.

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Don't Do It!

- Don't do it. Aren't any hospitals employing LPNs. LPNs aren't being replaced when they leave. Hospitals aren't accepting applications. It's a shame to continue these programs.
- Do not enter a practical nursing program because of employment problems. If they are interested in nursing - encourage to go to school for their RN.
- Don't do it. Right now with the mills closing, there are too many LPN wives that had to go back to work. Furthermore, there have been big personal cuts at Windber and Mercy Hospitals (Greater Johnstown). Right now we have too many LPNs and not enough jobs.
- Don't do it, major hospitals will not hire you.
- Don't do it in the state of PA unless you plan to relocate because the job opportunities are no longer there. Field overcrowded.
- Don't do it. LPNs are being pushed out the hospitals. Get your RN right away.
- Don't do it. The market for LPNs is closing fast. PNA is pushing for the grandfather clause and is encouraging all RNs only. Many hospitals and other health care fields have fallen into believing it. At times I find myself very bitter because I'm thought of as a Little Pretend Nurse.
- Don't waste your time - you'll be dealing with the most narrow minded people on the planet.
- Do not waste your time or energy becoming an LPN. In most area's of this country you are treated on the same level as a nurse's aide.
- Think twice.
- I would not advise anyone in this area to enroll in a practical nursing program. There aren't enough jobs. I thought my job was stable but after two years I'm laid off. And no one is hiring, they want RNs.
- Forget it, you can rarely get a good job worth your pay. Most jobs are for nursing homes in charge or med nurse for only $3.35 an hour.
- Not to enroll unless willing to relocate, there's no work in this area (Greater Johnstown) so it's a waste of time and money. Plus this field is pushing for higher education. So do everyone a favor and discontinue the program.
- Don't take it in Franklin County. No jobs for LPNs in a county that pushes out between 50-60 nurses a year.
- The cost has become ridiculously high for a one year program. Also I feel that more time should be given to learning procedures. As a student I was not permitted to learn suctioning of a trach patient, or changing hyper alimentation sets, as a graduate I was responsible for doing these procedures and it was a harried way to learn them "on the job". Also I find many Rns pushing things on us that we are not supposed to do, while constantly belittling us - example: "LPN stands for Lets Play Nurse". My arm was injured because my team leader refused to allow me to have help placing a bed pan under a woman 200 or more pounds, teamwork was very poor on my floor, and I came away disillusioned, disappointed and defeated. My self confidence dropped to zero. Two or three thousand dollars is just too much to spend to end up working in such conditions. Some RNs are so down on LPNs. I can't understand this attitude.
- I would encourage them not to go into this field. Many classmates have been unable to find work as an LPN. Many health care institutions want RNs and are not hiring the LPN. If you want to further your education and go onto become an RN schools will not accept any of your LPN training and you must start from day one. I feel the nursing field should be changed to allow the LPN to go on for her RN without starting over.
- Do not enter the PN program with the idea that its a "breeze" compared to the RN program. Now on the job I can see where my particular PN training fell short in experience. Spent too much time in med-surg, floor work, and nothing in various other areas such as O.R., orthopedic, respiratory, etc. Been times when I thought my training has been inadequate. Certain procedures that, as a student, were not allowed to perform but as a working LPN am expected to, such as feeding and gastro, trach care and suctioning, colostomy irrigation, etc.
- Not to do so because I firmly believe the ANA is trying and will succeed phasing all LPNs out of practice due to trend of Primary Nursing where hospitals hire only RNs. In this area an LPN can only get a job now in Nursing Homes or Dr.'s offices. Also, LPNs are not recognized as nurses just senior aides.
- To not enter and consider going for an RN because job opportunities for an LPN is becoming too limited. In the Johnstown area no one is hiring LPNs and state they do not intend to for an undetermined time. I feel right now my training and studying and my time and money spent is going to be no help at this time. I entered the training with high aspirations and it is very discouraging to have discovered at the end of my training, to discover I couldn't even obtain one of them. Right now I feel it is a waste of time (what I learned won't be) to spend a year becoming an LPN when that year could have been applied to becoming a RN. Since places of employment in Johnstown area are not hiring and my family cannot relocate as it was suggested at our graduation ceremony so as to obtain experience.
- The way the employment in this area is at present (Greater Johnstown) the outlook for LPNs is not very bright. Since I have graduated, the talk is all of phasing out LPNs. I think its very unfair because it is a very worthwhile and gratifying job, and I think LPNs are needed. Also, its unfair to keep having classes when there is nothing to offer the graduates. My daughter graduated from Johnstown Vo-Tech in September '83 passed her state boards (score 672) and is unable to find employment in this area, as are most of her class.
- Practical nurses cannot get jobs as easily as was promised when we first entered school. Go for RN.
- Would not recommend the program. Area hospitals are not hiring PNs, no future as an LPN.
- LPNs are not being hired in the Hazelton Area. They can get private duty jobs and work in nursing homes. LPNs are not recognized for their education and looked upon as aides.

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- I feel it isn't really a good idea because the jobs or the pay isn't out there, for what you go through.
- I would advise them against it. Employment as an LPN in Johnstown and surrounding areas is non existant. When I attended Vo-Tech LPN program the quality of our education was far below sur-ounding areas. Material taught was not adequate to clinical area needs.
- I feel being an LPN is a dead end position at this moment, and I would advise anyone to go for an RN program.

Satisfying Employment for "Older" Graduates

- Do it. If they have the desire, becoming a practical nurse is well worth the sacrifices necessary during the years training. I say this as a wife, mother and graduate of H.S. in 1961.
- If you want it go for it, there is a way. I was 42 years young when I enrolled in school, therefore, age is no detrement to increasing knowledge.
- Go for it. Great career for giving up one year of social activities. Jobs are available. Great for older people who didn't have the opportunity to go while raising a family. I was 51 years of age when I entered school and am only sorry I didn't get to go sooner. It gives you a feeling of security.
- If the person is young, I'd advise them to enter an RN program as an LPN cannot expect to advance (especially in our local hospitals and nursing homes) beyond a limited salary and opportunities for advancement. If the person is older, I'd tell them to study hard, skip your housecleaning, take good-organized notes in class and ask me for help - if you need it.
- You are never too old, if you really want a nursing profession. I am 48 years old raised a family of 5 children - now I'm going to do my thing. Love is a big factor.
- Be sure this is what you really want, and do it while you are young. I was out of school 30 years married and 2 children. It was a very hard year for me. Without my family behind me I don't think I could have made it.
- To make it a two year program. They cram three years of learning into one year. Also don't wait until you are 40 years old. Go right after H.S. It's a lot easier. You also have to have a lot of good help if you wait until your 40. I could not have done this along - my husband and three sons helped quite a lot.
- I had worked as a nurses aide for 17 years wanting so much to be a nurse. Finally with all the love and support of my family I went to nursing school and loved every minute. Nursing is so wonderful it not only adds meaning to your life as well as the person or persons you share you TLC reassurance and encouragement with. P.S. Remember you can be a good nurse at any age. The world needs caring and compassionate LPNs.
- Be certain this is the field you want to pursue. It's only rewarding if you enjoy what you are doing. (I was past 50 years old when I attended school, passed state boards with national averages and have been employed in the hospice unit at Windber Hospital since September 21, 1981, loving every shift I work.)
- Sometime during the course of the one year program an individual will feel the urge to "quit" or drop out of training. My advice is "no matter how tough it seems or how large an obstacle becomes, never give up; don't be a quitter". After working 13 years in sewing factories in "no where" jobs the feeling of pride and self esteem I have is only equalled by the pleasure I get knowing that something I did made someone feel better physically or mentally.
- We graduated 17 out of 30 in our class. It is a very hard program but well organized. You should be familiar with what is entailed as far as written homework, studying and clinical instruction and be sure that you want in this field. It's too late to start and then find out it's not for you. You could possibly work as an aide first in a nursing home or hospital atmosphere to give some knowledge of floor work, the pace, etc. I worked for several months in a nursing home as an aide to see if this is really what I want to do. I love people, and doing for someone so I tried it out first. By the way, I was the oldest to graduate in my class at age 49. President of my class as well and ranked 7th, not bad for my age!
- I was a middle aged homemaker with empty nest syndrome. The LPN program gave me a wonderful outlook on life. The school I attended had high standards and very strict rigid rules. I definately feel maturity is the key for nursing. The young people have great knowledge, get all the "A's" in the book work but have very little compassion or common sense. I truly enjoy my work and would someday like to see a special title called "Geriatric Specialist" in nursing. P.S. Why not, doctors specialize!
- Be willing to put this a priority concerning time. Also if married and or children ask yourself are they willing to support you? In helping with chores, in understanding when time to study, etc.
- To me it was the most rewarding thing in my life. I was one of the older students (been out of school for 20 years) but when you want something so bad, you work hard to get it.
- Practical nursing is good for the older people wanting to get into nursing. I would advise someone coming out of H.S. to go for their RN.
- Don't let age deter you from entering a PN program.
- The year I spent in the program was the most informative year of my life. I must add that I was forty five years old when I entered the program.
- Depending on persons age, if 17-40 aspire higher, 40 or more "go for it".
- Be prepared to study diligently and to know that your social life will have to be inactive during the year of schooling if you have a family. In the case where you have a family like me, it is all work and study for one year, and you had better be dedicated to the routine or you won't make it.

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Make sure you clear up any unfinished business before you enter school. If you're married make sure your family understand your time and committments will be to school. Enroll their help as you will need their support and assistance with your other home obligations. Be sure you want to enter the health field as it is a very consuming year. You'll also want to keep up with new medical findings, etc. so you never stop studying and learning.

- It's long hard work! It's demanding for someone who has a family. Dedication is vital - nursing has to be a "part of you" to really succeed. However, the "self satisfaction" one attains quickly puts the hard times in their proper perspective. You really have to care about even the patients you don't like. You have to "adjust" yourself a lot at times from patient to patient. I love it!
- If you go into the program, do it with enthusiasm and learn as much as you can - not the minimum to get by. If this experience proves satisfying and you find you have the qualifications and ability to go on, by all means go on to RN preferably through a degree program. Had I been younger and financially able, I would certainly follow that route.
- Would encourage person enrolling not to get discouraged when you hear that the employment situation is bad and that there are no jobs for LPNs. I went back to school after 24 years of being a housewife and as soon as I had my license I was hired at the first place I applied even though they were not advertising for work. The jobs are available for LPNs and very few are not working. There is work for those who look for it.
- My advice would be to enroll and if you are under 30 years of age to continue on for your RN, since most places now seem not to be hiring LPNs. It also gave me an opportunity to go back to school at age 44 and get a nursing education.
- I would tell them to go for it! Especially an older person a younger one I would tell to go for their RN but if they are going into a two year program go for the LPN first. The program I went for had excellent clinical experience - better than the RN student who worked along side us.

Changes Recommended for PN Program

- Be prepared. I find one year is too short. I feel it would be far better to have the program at least 18 months. There is so much you have to learn in such a short period, that I feel are important for the responsibility you will have after graduating. The school could also use as dedicated teachers as Miss Fry was for all aspects of the course. (Warren County) This program is 12 months of constant study and work. There is no time for family and free time. Most are not ready for the Pressure; and the family is less prepared. Even singles have problems with the pressures.
- Be prepared to study alot at fast rate. PN programs should be longer than one year because of amount of information to be learned.
- Study as much as you can, because the course is too much material in a short span of time.
- I also think that if the education were a little longer, say 18 months, so there isn't so much cramming for studies and exams, you could learn much more without being hurried through the program.
- I feel it was a lot of material to cover in a year and if they was offered the PN program for duration of one or two years I would recommend a longer program (anything over one year).
- One year program is so fast paced, the amount of homework overwhelming. Be prepared to do little else. Self discipline and dedication essential. The PN program should be extended to 18 months giving students the time to apply knowledge and become confidant in their skills.
- Plan to devote many, many hours to studying; its an awful lot to learn in one year. I think an 18 month course would give the students more time to digest and understand the whys and wherefores have the support of your family and be sure of yourself and your abilities.
- My personal opinion is the course was "very" crammed. It was difficult to grasp because of the speed at which the course was taught. Many subjects would have stayed with me longer if we (the students) were able to go at a slower pace. Thank you for valuing my opinion.
- Be prepared to work hard. It is a very demanding program and very rewarding. I only wish the program were of longer duration. We learned in 52 weeks what RNs learn in the three year program, even another six months would be helpful.
- I would like to see more on the job training rather than reading it out of a book.
- Medication course absolutaly necessary.
- I feel there should be more emphasis on procedure i.e.: catherization, medications, Gomco, etc. so that when one graduates one is truly skilled and comfortable with all procedures rather than doing each one just once to be graded and arriving on job feeling inadequate. I realize working gives one confidence with skills but is truly difficult the first months.
- The course is on a personal basis which allows you to learn better. The classes are smaller so the teaching is more intense.
- Taking course does not guarantee that you will be employed. Most health care facilities are having lay-offs and the Altoona Vo-Tech has two classes graduate per year. The classes should last longer and have only one per year.

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Miscellaneous

- It is something that you will always have even if you leave career you can go back.
- Being an LPN, my duty was limited to patient care, which is what I want to do. My education adequately prepared me for my work in the hospital. Even if I don't return to work, I feel that learning is never a waste.
- I most definately would encourage someone to enter into the field of PN. PNs are most essential in maintaining health care in the health care system. By attending PN school it has also changed my life drastically in that I gained an abundance of knowledge, matured socially and intellectually as a person. Please do not do away with the PN programs!!
- Essential for your own personal satisfaction and financial independence!
- Keep up on the Medical profession its forever changing further your education make sure you get the proper amount of financial aid. Good luck!
- Make sure you pick an accredited program that offers assistance with job placement postgraduation. Take all the aid financial or otherwise you can get.
- Make sure financial aid is available choose a school that is able to accept it.
- To make some financial arrangements during the 12 months to complete the PN program, so outside work is not necessary. The school curriculum I completed deserves 100% committment.
- Be dedicated and love people.
- Take into consideration all the changes taking place in the health care field and decide if this is a wise decision. In my own cast it has improved my life style considerably.
- I think that now a days it would be better to further your education since most places are phasing out the LPN even though I think they are a major part of nursing.
- LPN is fine for someone who does not wish to further their education in the health care field.
- The PN program is a comprehensive program which can be utilized inside or outside the nursing field.
- Nursing should be a profession of caring for the people you take care of. Nursing is just "another job" for most people anymore, it is sad almost making me want to change my occupation.
- Make sure you care enough about people to care for them.
- Right now in the area where I live (Schylkill) its almost impossible for LPNs to get a job. I can't understand why hospitals want to do away with the LPNs floor work and patient care. Aides cannot replace us, they can't do certain procedures or charts. Further response go to question #14: It is definately not fair the way the local financial system operates - you have to either know the right person or crooked politician or buy your way through all the red tape to get any assistance.
- I think the program was excellent and I enjoy my work, as being an LPN. In the future I see them phasing out the LPNs just like they are phasing out the nurses aides and CCT. It will be a shame because the LPNs are very qualified nurses.
- Be prepared for education that is geared to immediate H.S. graduate rather than college emphasis.
- If possible a NA or HHA background is helpful. Also get "Saunders Review for Practical Nurses" it really helps.
- It is the best nursing program available - it outweighs the AD programs by far. (Every LPN who has gone on for his/her RN which I have talked to has whole-heartedly agreed). (Lackawanna)
- Think twice as the rumor is, all hospitals are going RN status and LPN will be out in the cold. (I hope this isn't so.)
- The program is a very good program and I would advise anybody to go there. It takes hard work and a willingness to learn the health profession with these combined everything should go smoothly. Please answer if able: Will they, in the near or far future phase out the LPN? I've heard talk about this five years ago and nothing has become of it. But I have noticed little changes at the hospital where I work that have excluded the LPN. Such as: we are not allowed to have new IV bags or with admission forms the LPN can only take vital statistics and the RN only must do the actual assessment. Please reply. Kathy Lynn Meiran Allwein Reading-Muhlenberg.
- It is very worthwhile program. Even if you do not work as an LPN for very long because of personal reasons or whatever, this program is very educational and helpful in everyday life. It answers a lot of questions that you often wondered about.
- Take advantage of all the clinical time as a student. In the PN role it is the only time you are able to see the patient as a whole. It's a time to be able to see how some of the tests are done. Related the lab work and tests to the signs and symptoms. As a PN I find it very difficult to do anything but the custodial care.
- I would tell the person to go to the school while they have the opportunity. Because it is always there to fall back on.
- It's the best investment you can make to start a career because for the amount of money in tuition, it pays for itself three times in one year. As an LPN I made $1.50 more per hour than as a nurses aide. I've since made enough money to put myself through an RN program without a grant or loan and payed off back bills.
- Nursing, health related fields are an exceptional field of employment for males. They can be a rewarding, steady employment area. More males should enter these fields.
- If you like geriatrics and working directly with patients it's a good idea. But if you would rather more responsibility and paper work, be an RN.
- Is a good program, but hard for people that have another language background, mine is Spanish and I'm having problems with state board tests, I don't understand the questions and I study.
- Practical nursing program is an excellent one. Study hard, and you can make it. Start looking for employment about two weeks prior to graduation.
- To think very hard about the responsibility that is placed on (or given) to you!! Depending on where you plan to work after graduation from the program.

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. If you like to help others nursing is an excellent way to do so.

. Practical nursing in the Pittsburgh area is getting to be a hard profession to obtain a job in. Your employers policies also have alot of say in the experience you obtain. Working on a skilled care unit I have alot of responsibility and am gaining valuable experience I would not be getting in most general hospitals.

. Make sure you are capable to supervise and take responsibility in a crisis or emergency.

. The quality of paitent care that the nursing staff is able to give is so inadequate due to understaffing in hospitals and nursing homes, that the personal fulfillment and rewardment of the licensed PN is no longer felt. We need to convince state and federal government that we are people when we are patients, not numbers making money for someone else. We need more staffing.

. It will always be useful, even if not working as an LPN.

. To be sure that this is what they want. Too many go through the training and then leave the health care field and to make sure that there are ample employment opportunities in the area. It seems the hospitals are phasing out LPN hiring and attempting to go to all RN staff. In several instances I have observed RN bedside care and found it lacking in some areas. I feel the RNs do not want this and much prefer supervisory positions which I feel they should have.

. Practice empathy. While going through the program try to keep a low profile, because if you make yourself "known" and try to act like a big shot it will be twice as hard on you. I saw it happen to people from Lebanon, PA program because the staff at the hospital make it hard for you. Students should be appreciated but they are not.

. A good learning experience.

. I, as a male LPN, feel it would be my best advice to someone entering a PN program that to prepare themselves mentally for putting their all into a rewarding satisfying, fulfilling educational hard working, enjoyable, disciplined low paid people loving career.

. If that is really what they want, go ahead and do it. You cram alot in one year and study your brains out but its all worth it. After you finish state boards and receive the results that you passed, it is definately worth all you go through. I'm not sorry I took the course at all. I would recommend it. You don't spend alot of time in school but you have a skill and knowledge which you can use and work (nurses will always be needed) the rest of your life.

APPENDIX P-1

PRACTICAL NURSE PROGRAM GRADUATES
INTERVIEW RESPONSES

Item 1. What made you decide to take the Practical Nursing program?

Always wanted to be a nurse (N=12)

Interest in nursing since I was very small.
Always wanted to be a nurse.
I always wanted to be a nurse; my high school requirements made it easier to get in the PN program.
Wanted to be a nurse since early childhood, enjoyed helping people, better job, pay, benefits, working conditions and respectable position.
Goal set in teen years. When opportunity presents itself I jumped at the chance.
I always wanted to be a nurse. Grades from high school not good enough for RN school.
As a child I always wanted to go into the nursing profession. Had applied to RN school and was not accepted. Then applied to PN school.
I have always wanted to be a nurse. When it was introduced to me, I decided to try and see if I would be accepted.
Interested in medical field and caring for people in hospital.
Wanted to go into nursing for many years.
I was interested in the medical field and wanted to do bedside nursing without paper work and maximum responsibility.
Wanted to be a nurse (entry at age 55).

Started as Nurse Aide (N=5)

Took nursing assistance in high school. Decided to go for training because I enjoyed the work.
Because I was working as nurses assistant.
Was nurses aide for six months.
There wern't too many jobs available at the time so I decided to apply at Jeff Tech. I previously had nurse aide training in high school so I really like the field.
I always wanted to be a nurse and when I was a nurse assistant, many others I'd worked with said I had the ability to go further ahead.

Exploration/career development (N=4)

At the time I wasn't sure if I would like nursing; therefore I felt this would give me a good overview in a short time.
To further my knowledge in this field.
I wasn't really sure what I wanted to do after graduating from high school and I was really interested in the health care field so I thought that might be the direction that I was looking for.

Needed to work (N=3)

Wanted employment; went to available opening.
Jobs were hard to find at the time.
The need to work and take care of people.

Wanted to help people (N=3)

Enjoy helping people and needed something for myself.
I enjoy epople and helping them. I enjoy the close contact LPNs have with the patients.
The need to help people and be useful.

Family encouragement (N=1)

Item 2. If you had not taken the Practical Nursing program, what would have done instead?

Other than health care field (N=8)

I was working in a school as a teacher's aide; would have sought position working with children.
Found another job.
College.
I would have gone to school for something (beautician), but I really don't know.
Business career - computers.
Office work (secretarial/bookkeeping).
Probably factory work.
Beauty culture.

Registered Nurse (N=4)

Gone for my Registered Nurse license.
Taken the RN program.
If given the time, gone into an RN.
What I am doing now--attending Geisinger Hospital School of Nursing evening program for RN.

Other health care field (N=4)

Found a position in another health field.
Possibly applied to a university or college, perhaps in the medical field.
Continuted to work as a nurses aide.
Stayed a nurse aide.

Don't know (N=4)

I don't know.
Do not know.
I'm not sure - perhaps RN.
I really don't know. Probably have taken a journalism course or looked for some other health field (x-ray tech, etc.).

Had no other desire (N=2)

Had no other desire.
Only nursing.

Item 3. (Why do you or do you not) plan to continue to work as an LPN?

Enjoy working as LPN (N=14)

Enjoy the work.
People, co-workers, stability, income and satisfaction in a job well done.
I enjoy my owrk.
I love the career of nursing. It gives me a whole new meaning to life.
I like towkring with patients and learning new things all the time.
Because I like the working and I need a job.
I enjoy my work and especially the opportunity of patient care.
As long as job is there, is available--really enjoy work and location.
I like it.
I enjoy my work (bedside nursing with primary care)
Self-fulfillment and kids college tuition.
I enjoy my work.
I enjoy working directly with the residents.
Enjoy nursing and bedside care.

Plan for career ladder progression (N=8)

I plan to continue working full time as an LPN while continuing my education toward a BS degree.
I will continue to attend school part-time for an RN.
Presently, I attend school part-time for an RN.
RN instead.
For several years (will work as LPN), then plan to return to school.
At this time I do not desire to go on to school; I do plan in the future to possibly go on to RN school.
I plan to continue working as LPN until I decide to go back to school for my RN.
Will continue with present position until education completed and I can advance to an RN or other BS position.

Economic stability (N=5)

At the present, lack og money. Questionable future - learning loss.
Need the money.
Have three children and I am divorced. This is my only way to support them, and I also enjoy my work.
It is what I want to do right now. I have a good job. I am not looking for anything else to do at this time.
Not likely now (with children in college).

Item 4. What are your overall feelings about opportunities for LPNs?

Negative (N=12)

Not much opportunity for advancement; however, they do everything the other nurses/charge nurses do but the pay is less.
The job market is very limited. Poor bleak future.
At the time of my employment, opportunities were very good. At present there seems to be fewer opportunities.

Item 4. Negative (continued)

Becoming more limited.
In this area, no advancement. I have worked in different states and advancement was much better.
Will get nowhere at this hospital. I haven't used most of the skills I was taught. We don't give meds or injections; usually only minor treatments. Rn makes rounds with physician.
Jobs are hard to find and there isn't much in the way of advancement.
Jobs are diminishing extremely fast. Our qualifications and duties are also decreasing.
There are none.
I do not feel the opportunities are very good, since they are striving for RNs to have their BSN. Therefore the LPNs are having a difficult time finding jobs.
I really feel that nursing is a good field but a lot of LPNs are not finding jobs or getting laid off and more hospitals are looking for RNs.
Opportunities are limited.

Positive (N=10)

Generally, the opportunities for LPNs are good; e.g., there is the chance to go into an RN program or to her health care field with a basic knowledge of medical practices.
Job opportunities are somewhat in demand. It is a s-ill that you can grow with.
There almost always is a position open for an LPN; e.g., in nursing homes, hospitals, doctors' offices, clinics, private duty, etc. Opportunities arise with further training in which the experience in LPN nursing is very valuable and helpful.
Seems to be many different types of work for LPNs.
I feel that it is a starting point for someone in the medical field. I think that I will have benefited greatly from the experience as an LPN if I choose to further my career in nursing. It also gives one room to grow in other aspects of the medical field.
Lots of opportunities.
Good opportunities for employment in limited-capacity fields.
Very good opportunities.
I think at the present opportunities for LPN are very good.
Good. As inflation continues, LPNs should, in time, have opportunities.

Uncertain/mixed feelings (N=7)

There are good job placements; however, I feel that more and more hospitals and acute care facilities are looking for RNs and aides instead of LPNs.
I feel opportunities are limited for LPNs at this time, as far as hospitals go. It seems as though we will be needed in the nursing homes.
Opportunities for clinical expertise are limited by law regarding what we can do for patients--emergency room, giving IV medication, suctioning endo tubes--particularly when working in an ICU and CCU position.

Item 4. Uncertain/mixed feelings (continued)

I feel LPNs will probably not be hired in hospitals. The nursing homes can upgrade, in experience, for LPNs, giving them more responsibilities as far as management, part-time care, even helping with nurse aide programs and orientations.

They are minimal, but for this area (South Central PA) they have improved.

At the present, it is geared mainly towards gerentology. Hospitals are hiring very few LPNs.

We are somewhat limited.

Item 5. What are your overall feelings about your Practical Nursing education?

Very good (N=20)

Very adequate; really enjoyed; very well trained.

Excellent.

I feel we had a good program. I wish there were more clinical procedures available, and more work in assessment, documentation, pharmacology. One important asset was organization.

Wonderful experience.

Very good.

Willow Street program offered exceptional advantages (Lancaster AVTS).

It was a very fast-moving, crammed with much material that you got yourself, but adequare clinical experience and knowledge to begin a job and perform properly and adequately.

Good education. Glad to have it and be working. Personality problem with students and teachers.

It was an excellent program.

It was a very good program. Covered as much area as possible in time allotted.

I think it's very good, but should be spread out more than a year.

I thought that my education was very good.

I feel that the program was very good.

My teacher in class was young and very enthusiastic about nursing. The experience I had while training in a hospital was very thorough.

I felt that it was very thorough in theory and that theory was beneficial to me in the clinical aspect.

Very good.

I felt it was very good.

I enjoyed my education and felt it very educational, self-meaningful and, most of all, rewarding.

There is always more to be learned once on the job itself, but the basics are taught and learned during the training. Without the special time in school to learn and make mistakes, you wouldn't enjoy the best part of nursing--people.

I enjoyed it very much.

Difficult but rewarding (=4)

It has made me a better person. It was tough, but now working I see it was necessary.

The nursing course was difficult but I learned a lot. The course was very good. I got a lot of clinical experience.

Item 5. Difficult but rewarding (continued)

The PN course was very intense and difficult but covered all the necessary subjects with great emphasis on medication. Overall, I feel that the course was excellent.

It was a very difficult but rewarding year.

Changes recommended (N=3)

I feel more time could have been devoted to Peds and OB and I feel a definite need for psychological education, neuroses, and rehabilitation.

I think that the program was too much information for just one year. There were a lot of areas we didn't cover as well as what we should have.

Need at least a two-year program.

Item 6. Now that you are working as an LPN, are there job responsibilities you feel were not adequately addressed in your PN educational program?

Management and supervision (N=6)

Management - related to nursing home care (N=2)

Management, but experience is the key and you can hardly learn by a text.

The position, as far as having a number of patients to care for. It is a big difference from two or three to 30 or 40 on night shift.

Taking charge of others; e.g., co-workers, aides, a whole floor, etc.

Management skills, supervision.

Limitations in clinical experience (N=4)

Actual procedures were not done by students enough so as to become more confident.

No ICU experience or observance of ICU equipment, etc.

More clinical work.

No, but in some cases I was not able to perform some of the treatments/procedures under a supervisor because of the time involved, although we did go over them in class.

Medications/pharmacology (N=2)

Drug calculations.

Pharmacology.

Psychology/psychiatric nursing (N=2)

I feel out PN school should have had a psychology course, especially this hospital has its own psychiatric building.

Psychiatric unit. I had no experience in psych; I had a very short course in psychology but no clinical experience.

IV therapy (N=2)

Trauma nursing (N=1)

Item 7. Do you have any other comments you think would be helpful to Practical Nursing programs or students in Pennsylvania?

Curriculum (N=20)

Drug calculation was do-it-yourself and they are not easy to do.
More intense pharmacology
Pharmacology
Pharmacology, but I've taken a separate, very good course since.
Improve the pharmacology section (only experience was on the patient I had in clinical.)
Jeff Tech program (teaching) jumped around too much; lacked consistency. We only had 1-1/2 to 2 days on pharmacology.
Home Health not available.
More training on mental retardation.
More psych courses, rehabilitation, stroke patients.
More psychiatric training.
More surgical experience.
Documentation.
Copying the doctors' orders.
Geriatrics.
With the DRGs coming, more extended care facilities will be needed and home care will possibly utilize LPNs.
Need for better assessment skills.
Care plan guidelines.
Care Plan was taught and can't use the training.
People of the street and paramedics can give IVs. Why can't we?
I felt I obtained enough knowledge and clinical experience to perform adequately.

Lengthen PN program (N=7)

Incorporate more in the classroom study even if it means adding more time to the course.
Make it longer. One year is too short for so much information.
Expand the program.
Extra six weeks to the course.
Day classes and then clinic in the evening.
Too much in one year.
Expand program to one or 1-1/2 years.

Instructional practices (N=5)

Good library and books.
Staff gave CETA recipients special help and treatment.
Personality conflict between teachers and students.
Appreciated supervision.
Need better sutdent-instructor ratio.

Tuition (N=5)

Price of training has increased too much.
CETA recipients got money for going to school. Others worked at jobs that paid minimum wages and went to school at the same time.

Item 7. Tuition (continued)

Available funds are definitely an incentive for furthering one's career.
Without the program funding, I may not have had the chance.
the stipend helped when going to school.

Advice for PN program prospects (N=4)

Make very sure you will enjoy nursing. You have human lives and feelings in your hands, all of which are very fragile. They look to you for help, comfort, and understanding.
If LPN, make sure you can do all you were taught to do; otherwise, it's wasted.
Think about nursing very seriously before getting into it.
Training was great--available to those who want it and of good duration. Entry did not require chemistry in high school. So few restrictions on those who may enter; a large number of people are permitted to try. Gives livelihood for people who would have no other way to get training and puts people to work. Many who couldn't meet the standards for RN can meet LPN requirements.

Conditions of work (N=4)

LPNs are definitely needed in the medical profession. Everyone, even RNs, cannot all be chiefs. Indians are needed to provide care. Patients demand more, due to the high cost of hospitalization.
Doctor, RN and LPN work together with total patient care.
LPNs are given most opportunities and responsibilities in nursing homes.
Degree nurse and school nurse conflicts.

Clinical experience (N=3)

Allow PN students to observe acute care in ICU and CCU. The experience will reduce anxiety concerning ICU and be a great learning experience.
On-the-job training.
the students should be exposed to more types of facilities (such as the Children's Development Center, in Abbottstown, or some facility of this type). I have learned more concerning seizure in the 4-1/2 months I have worked here that I did while I had clinical experience.

RULES AND REGULATIONS
OF THE STATE BOARD OF NURSE EXAMINERS
FOR PRACTICAL NURSES

Pa.B.Doc.No. 83-894
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Subchapter B. PRACTICAL NURSES

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Authority

The provisions of this Subchapter B issued under act of March 2, 1956, P.L. (1955) 1211 (63 P.S. §658 et seq.).

Source

The provisions of this Subchapter B adopted January 20, 1967, unless otherwise noted, amended March 26, 1976, 6 Pa.B. 610 and July 1, 1983 Pa.B.Doc.No. 83-894.

GENERAL PROVISIONS

21.141. Definitions.

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

ACT - The Practical Nurse Law (63 P.S. §§ 651 - 667) which establishes standards for the education of practical nurses and the practice of practical nursing.

APPROVED - Approved by the Board.

BOARD - The State Board of Nurse Examiners of the Commonwealth.

LPN - Licensed practical nurse. A nurse licensed under the provisions of this subchapter to practice in this Commonwealth.

PRACTICE OF PRACTICAL NURSING - The performance of selected nursing acts in the care of the ill, injured or infirm under the direction of a licensed professional nurse, a licensed physician or a licensed dentist which do not require the specialized skill, judgment and knowledge required in professional nursing.

21.142. Scope.

(a) The Board administers the act by promulgating rules and regulations which establish standards for practical nursing programs and for the conduct of such programs.

(b) The Board provides for licensure of graduate practical nurses from approved programs by examination, by endorsement, and by renewal of licenses.

(c) The Board may suspend or revoke licenses for cause.

(d) The Board, with the approval of the Commissioner of Professional and Occupational Affairs, will appoint a committee of two licensed practical nurses and one licensed professional nurse experienced in practical nurse education and, in consultation with this committee, will have the power and duty to establish reasonable rules and regulations for the administration of the act.

(e) The Board may approve basic practical nursing programs conducted in hospitals, community colleges, universities, and public school districts and vocational education programs under the Department of Education and promulgate a list of such approved programs of practical nursing.

(f) The Board will regulate the practice of practical nursing.

21.143. Surveys; list of approved programs.

(a) Survey visits will be made of all basic practical nursing programs conducted in hospitals, community colleges, universities, and public school districts and vocational education programs under the Department of Education. The survey report will be presented to the Board and a written report of recommendations or requirements, or both, will be sent to the school, community college, university, hospital, or vocational education program.

(b) A classified list of approved programs of practical nursing will be compiled and published annually and made available for distribution.

21.144. Purpose of the Board.

The Board will insure safe nursing services for the citizens of this Commonwealth. Embodied in this purpose are the following responsibilities:

(1) to establish safe standards for the preparation of registered and practical nurses in approved educational programs; and

(2) to assure safe standards of nursing practice through examination and licensure of graduates of approved educational programs, through endorsement of registered and practical nurses from other jurisdictions and through the regulation of the practice of nursing in this Commonwealth.

21.145. Functions of the L.P.N.

(a) The L.P.N. is prepared to function as a member of the health care team by exercising sound nursing judgment based on preparation, knowledge, skills, understandings, and past experiences in nursing situations. The L.P.N. participates in the planning, implementation, and evaluation of nursing care in all settings where nursing takes place.

(b) The L.P.N. administers medication and carries out the therapeutic treatments prescribed for the patient.

(c) The L.P.N. participates in the development, revision, and implementation of policies and procedures designed to insure comfort and safety of patients in collaboration with other health care personnel.

(d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.

21.154. Unlicensed candidate.

The candidate may practice as a graduate practical nurse until the examination is passed subject to the following:

(1) Unless licensed, the candidate may be employed as a graduate practical nurse for 1 year only from completion of the program except in the case where special permission is granted by the Board due to extenuating circumstances. In such a case the candidate shall present validating documentation.

(2) The candidate shall practice under the supervision of an experienced registered nurse. Supervision is defined to mean that the registered nurse is physically present in the area or unit where the unlicensed graduate is practicing.

21.155. Licensure by endorsement.

(a) Licensure as a practical nurse in this Commonwealth by endorsement of the original licensing board is granted to a graduate of an approved practical nursing program who is licensed in another jurisdiction by an examination considered by the Board to be equivalent to the examination required for licensure in this Commonwealth.

(b) Applicants for licensure in this Commonwealth by endorsement shall meet the requirements regarding age, good moral character, preliminary education, and practical nursing education as outlined in the act.

21.156. Renewal of license.

(a) Licenses for practical nurses expire on June 30 of each biennium in the even-numbered years.

(b) Application for renewal of a license is forwarded biennially to each active registrant prior to the expiration date of the current renewal biennium.

(c) Application forms shall be completed and returned, accompanied by the required renewal fee. Upon approval of each application, the applicant will receive a license for the current renewal period. The display portion of the renewal license shall be retained by the current employer of the registrant. The pocket card portion shall be retained by the registrant.

(d) When communicating with the Board, registrants shall identify themselves by their full name, including maiden name, current address and their Commonwealth certification number which shall be typed or printed.

21.146. Applicability of general rules.

Under 1 Pa. Code § 31.1 (relating to scope of part), 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) are applicable to the activities of and proceedings before the Board.

LICENSURE

21.151. Application for examination.

(a) The Board will conduct licensing examinations at least twice a year, and more often when necessary. A list of examination dates will be published annually.

(b) An application for the licensing examination, without a transcript, may be submitted to the Board office during the last term of the nursing program. The applicant will be scheduled for the subsequent examination.

(c) No candidate will be admitted to the examination unless the candidate has satisfied all requirements of the act necessary for eligibility, including the completion of an approved educational program.

(d) A copy of the transcript validating program completion shall be filed in the Board office at least 2 weeks prior to the testing dates.

(e) The Board will not proctor an applicant for another state board; nor will the Board permit an applicant for Pennsylvania licensure to be proctored by another state board.

21.152. Date and location of examinations.

Candidates for practical nursing licensure shall achieve a minimum score as mandated by the Board.

21.153. Reexamination.

(a) Candidates shall submit the required fee to be scheduled for reexamination.

(b) Candidates may take the licensing examination as many times as necessary to complete licensure process.

(c) A request to retake an examination for the purpose of elevating a passing score will not be granted.

21.157. Employment of Practical Nurses licensed outside of the United States, its territories or Canada.

A person who holds a current and valid license or other evidence of the right to practice practical nursing issued by any other country other than Canada may not be employed as a practical nurse in this Commonwealth until licensed by the Board.

21.158. Qualifications of applicant for examination.

Additional applicant qualifications are contained in section 5 of the act (63 P.S. § 655). Every applicant for examination as a licensed practical nurse shall furnish evidence satisfactory to the Board that the applicant is 18 years of age or older, is of good moral character, has completed at least 12 years of education with diploma in public, parochial, or private school, or its equivalent as evaluated by the Department of Education; and has satisfactorily completed a course in practical nursing prescribed and approved by the Board in a school, hospital, or other institution of not less than 1,500 hours and within a period of not less than 12 months.

21.159. Examination fees.

A fee in the amount of $24.50 to cover the costs associated with the preparation and administration of a licensing examination for practical nurses shall be charged in addition to the $18 fee for practical nurse examination and initial licensure which is charged under § 212 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-212). The total fee for examination and initial licensure shall be $42.50; of which $18.50 shall be paid by each candidate directly to the National Council of State Boards of Nursing and $24 paid by the candidate to the Commonwealth.

APPROVAL OF PRACTICAL NURSING PROGRAMS

21.161. Objectives.

Practical nurse programs require approval for the following reasons:

(1) To safeguard the preparation of practical nurses, and to assure safe standards of nursing practice in this Commonwealth.

(2) To guide prospective students in the selection of approved programs which offer adequate resources for sound basic practical nursing education.

(3) To insure the graduates of practical nursing programs of eligibility for admission to examination for licensure.

(4) To assist graduates of programs of practical nursing in this Commonwealth to qualify for licensure by endorsement in other jurisdictions.

(5) To stimulate and maintain continued growth and improvement of practical nursing education in this Commonwealth.

21.162. Types of approval.

(a) Initial. The Board may grant initial approval to new programs, with evidence that acceptable standards are being met, for a period of time necessary to evaluate the results of the licensing examination taken by the first graduates.

(b) Full. The Board will place those programs on full approval which attain or maintain acceptable standards and adhere to the policies and regulations of the Board considered essential for a sound program of practical nursing education.

(c) Provisional. The Board may at any time place on provisional approval any program not meeting acceptable standards. Full approval status will not be granted until acceptable standards are met. If acceptable standards are not met, the program will be removed from the approved list.

21.163. (Reserved).

21.164. Removal of a program from the approved list.

The Board will give sufficient notification of intent of removal from the approved list and provide an opportunity for program officials to show cause why the approval should not be withdrawn.

21.165. (Reserved).

APPROVED PROGRAM OF PRACTICAL NURSING

21.171. (Reserved).

21.172. Establishment.

(a) A controlling agency may be any hospital, educational institution, or combination thereof. Any such controlling agency desiring to establish or conduct an approved program of practical nursing shall submit a written proposal to the Board. In case of practical nursing programs in the public school system, the proposal shall be submitted to the Board through the Department of Education, Bureau of Vocational Education.

(b) Any such controlling agency desiring to establish a program of practical nursing is required to:

(1) employ the nurse administrator of the educational unit at least 6 months prior to the intended admission date of students. Board approval of the nurse administrator's credentials must be obtained prior to the appointment;

(2) employ teaching faculty for the educational program at least 1 month prior to the initiation of their teaching responsibilities;

(3) submit 15 copies of the tentative planned educational program to the Board at least 4 months prior to the intended admission date of students;

(4) complete a feasibility study which shall include:

  (i) sufficient statistical data to support the need for a program within the community and to assure availability of an adequate supply and flow of interested candidates;

  (ii) identification of available clinical resources for program implementation based on the projected enrollment and faculty. In viewing the clinical resources, the study must speak to other nursing programs that share the teaching facilities identified in the study;

  (iii) letters of intent from the cooperating agencies indicating positive commitment to the nursing program and the availability of sufficient clinical resources to meet the educational requirements of the program; and

(5) submit 15 copies of the feasibility study and the written decision of the health planning agency, if obtained, to the Board for approval.

(c) The planned educational program shall include the following:

(1) Organization and administrative policies of the controlling agency.

(2) Educational preparation and nursing experience of the faculty members employed.

(3) Statement of philosophy and objectives of the program.

(4) Proposed curriculum including detailed course descriptions and identification of clinical areas of practice.

(5) Admission policies.

(6) Educational standards.

(7) Advisory committee membership and functions if one is appointed.

(8) Copies of written agreements with cooperating agencies and facilities to be used in the program. A cooperating agency is any educational or health-care delivery system.

(9) A copy of the proposed budget projected.

(10) Administrative structure and functions of the practical nursing program.

(d) Following the review of the practical nursing program and before final Board action is taken to grant permission to recruit students, an initial facility survey will be made by a Board's nursing education advisor.

21.173. Discontinuance or interrruption of a program of practical nursing.

(a) Written notification of intent to discontinue a program of practical nursing shall be submitted to the Board within a reasonable period of time, but not less than 6 months prior to discontinuance.

(b) When a class is not admitted in a given year, the practical nursing program shall close unless approval has been granted by the Board based on the justification for continuation as submitted to the Board.

(c) If a practical nursing program is discontinued, it is the responsibility of the controlling agency to provide for the completion of the program for all students currently enrolled either by placing the students in an approved program or continuing the enrolled class until completion. If the program is continued until graduation, approved and qualified instruction shall be assured.

(d) The controlling agency also has the legal responsibility to make provisions for permanent retention of student and graduate records in conformity with § 21.233 (relating to custody of records).

ORGANIZATION AND ADMINISTRATION OF PRACTICAL NURSING PROGRAMS

21.181. Administrative authority.

(a) The practical nursing program shall be established as an educational unit of the controlling agency.

(b) The authority and the administrative responsibility for the program shall be delegated by the governing body of the controlling agency to the registered professional nurse in charge of the program.

(c) The organizational plan for the program of practical nursing shall provide for relationships with the governing body of the controlling agency, individuals, and cooperating agencies responsible for and participating in the program operation.

(d) Adequate funds shall be allocated and properly budgeted for sound and effective operation of the program.

(e) The faculty shall formulate all policies which relate to the operation of the program.

(f) Approval by the Board must be obtained before the educational unit in practical nursing may utilize a new clinical agency for learning experiences. An Agency Data form, provided by the Board, shall be submitted for each new clinical agency. A clinical agency is one in which clinical experience can be obtained.

21.182. Advisory committee.

(a) If an advisory committee exists, the membership shall consist of representatives from practical nursing, professional nursing, general education, and other community groups. The nurse in charge of the practical nursing program shall be a member of this committee.

(b) The function of this committee is to act in an advisory capacity to the faculty and as a liaison group between the faculty, the agency and the community.

21.183. Budget.

Budgetary funds shall be allocated by the controlling agency to administer the program effectively. The nurse in charge of the program and the administrative officers of the controlling agency shall prepare an annual budget based on desired needs for growth and change.

21.184. Cooperating agencies.

The agreement between the program and each of the cooperating agencies shall be written and signed by the administrators of the program and the cooperating agency and shall identify the responsibility and authority of each party. The agreement shall be reviewed annually and a copy of the current agreement shall be filed in the office of the Board.

ADMINISTRATIVE AND INSTRUCTIONAL PERSONNEL

21.191. Faculty and staff complement.

The minimum faculty and clerical personnel required in each program is as follows:

(1) A full-time nurse director or nurse coordinator.

(2) Full-time nursing instructors must be adequate in number to provide a maximum student-teacher ratio of 15 to 1 in the clinical area.

(3) Additional instructors consistent with the size and needs of the program.

(4) Adequate secretarial assistance.

21.192. Faculty qualifications.

(a) The qualifications of the nurse director or nurse coordinator shall be as follows:

(1) Graduation from an approved school of professional nursing.

(2) Current registration as a professional nurse in this Commonwealth.

(3) A baccalaureate degree, preferably in nursing, with experience in the areas of nursing, nursing education and educational administration. The nurse director or coordinator shall give evidence of ability to provide leadership and shall have a specific plan for completing work towards a master's degree with evidence of consistent effort toward completion of the plan.

(b) The qualifications of the instructors shall be as follows:

(1) Graduation from an approved school of professional nursing.

(2) Current registration as a professional nurse in this Commonwealth.

(3) A baccalaureate degree, preferably in nursing, with additional preparation for teaching appropriate to the teaching of practical nursing.

(4) Experience and skill in the practice of nursing.

(5) Nursing experience involving direct patient care or teaching experience within two years of employment. Faculty and instructors shall give evidence of maintaining expertness in clinical and functional areas of responsibility.

(c) Faculty or instructors with less academic preparation may be employed if qualified personnel is not available provided that less qualified faculty and instructors shall function under the direct guidance of a fully qualified faculty member and shall give evidence of continuing their academic preparation.

21.193. Faculty policies.

(a) The faculty shall be employed by and responsible to the educational institution.

(b) Faculty members must meet the requirements of the parent institution for faculty appointments.

(c) All policies, including personnel policies, in effect for nursing faculty, shall be those in effect for faculty members throughout the educational institution, with adjustments for differences that may be required in education for practical nursing.

(d) Policies for selection, appointment, and promotion of faculty shall be defined in writing.

(e) Functions and responsibilities of each faculty member shall be defined in writing.

(f) Full-time faculty of the nursing program shall not carry responsibilities for administration, curriculum development or teaching for other types of educational programs, nor shall the nursing faculty be responsible for student health services or first aid.

(g) Changes in status of faculty from full to part-time or vice versa shall be reported to the Board.

(h) The director or coordinator and nursing faculty of the program shall be afforded the time and opportunity to engage in leadership activities within their profession as are commensurate with their educational responsibilities.

(i) In determining teaching load of the faculty the following criteria shall be considered:

    (1) Number of individual courses or units of study assigned with consideration of differences in scope and depth.

    (2) Number and size of scheduled weekly classes, including laboratory and clinical teaching contact hours.

    (3) Additional assignments relative to the functions and responsibilities of the faculty member; such as guidance of students, student evaluation, program revision, participation in activities of faculty organization.

(j) There shall be a planned and active faculty development program designed by the faculty to meet their perceived needs.

21.194. Faculty organization.

(a) There shall be a nursing faculty organization appropriate to the size of the group.

(b) Policies and rules of procedure of the faculty organization shall be in written form and shall be reviewed periodically by the faculty.

(c) All members of the faculty shall participate in the activities of the faculty organization.

(d) Committees shall be established as needed to implement the functions of the faculty effectively, and the purposes and membership of each committee shall be defined clearly.

(e) Committee reports and faculty actions shall be recorded, filed systematically and kept available for reference.

CURRICULUM

21.201. Philosophy, purposes and objectives.

(a) The philosophy and objectives of the program shall be formulated, agreed upon, and implemented by the faculty and shall be in accordance with the philosophy and objectives of the controlling agency. The philosophy and objectives of the program shall reflect the following:

(1) The belief of the faculty about nursing, practical nursing education and education in general.

(2) The concept that practical nursing is an integral part of all nursing.

(3) The fact that the educational needs of the students are being met.

(4) The concept of preparing a practitioner who shares in the giving of direct care to patients and who functions within the accepted roles of the L.P.N.

(b) The philosophy and objectives shall provide the basis for the development, the conduct and the evaluation of the total program.

(c) The expected changes in student behavior identified in the statement of objectives shall be realistic and attainable within the program of instruction.

21.202. General curriculum requirements for Practical Nursing Programs.

(a) The curriculum shall be designed to meet the stated objectives of the program.

(b) The program of study shall reflect sound principles of general education and practical nursing education.

(c) The curriculum shall be based on broad areas of learning but shall be limited in depth.

(d) The curriculum shall be flexible enough to permit adaptations according to individual student needs as well as to changing concepts relative to emerging roles.

(e) The curriculum shall provide for instruction and practice in the care of selected individuals with different degrees of illness, with various types of incapacities, and from all age groups.

(f) Scientific facts and concepts selected to be taught shall be limited to those that are essential as a basis for nursing action and are applicable to patient care.

(g) Learning experiences shall be selected and arranged to provide opportunitiy for the student to learn how to function within the role of the L.P.N. and for the personal growth of students.

(h) Learning experiences shall focus on direct nursing care, and effort shall be made to arrange experiences in a pattern of logical sequence that demonstrate continuity of care.

(i) The plan of instruction shall enable students to develop understanding of the functions of the L.P.N. within different patterns of nursing service.

(j) Course outlines shall include specific behavioral objectives anticipated and shall contribute to the objectives of the total curriculum.

(k) Learning experiences selected shall focus on the needs of the student and shall not be structured to render service to the cooperating agency.

21.203. Specific curriculum requirements for Practical Nursing Programs.

(a) The curriculum shall be based upon the philosophy and objectives of the program and shall be developed, implemented and evaluated by the faculty.

(b) The curriculum shall be organized and developed to include the knowledge, attitudes, skills, and abilities necessary for the specific levels of student achievement.

(c) The curriculum shall be planned to promote measurable abilities, as contained in the Test Plan for the Practical Nurse Licensing Examination, published by the National Council of State Boards of Nursing, Inc.

(d) The curriculum shall provide instruction in the following areas:

- (1) Physical and biological sciences including appropriate content from basic human anatomy and physiology as well as elementary principles of chemistry, microbiology, physics, and normal nutrition.
- (2) Social and behavioral sciences including psycho-social facts and principles basic to personal adjustment and to nursing practice as well as appropriate content on the family and development stages from birth to senescence.

(3) Concurrent or sequential theory and clinical experience in:

(i) the care of patients with simple nursing needs;

(ii) the care of patients with short-term nursing needs; and

(iii) the care of patients with long-term nursing needs.

(4) Clinical experience as provided in paragraph (3) of this subsection shall be provided in the care of men, women and children in a variety of age groups with health problems characteristic of the age group involved.

(5) Theory as required in paragraph (3) of this subsection should include appropriate knowledge from diet therapy and pharmacology as well as scientific facts and selected clinical concepts which are essential as a basis for nursing action and are applicable to patient care.

(6) Learning experiences selected as required in paragraph (3) of this subsection should provide opportunities for the student to: develop an awareness of the needs of patients; learn to plan and give nursing care to selected individuals in various nursing situations that are relatively free of complexity; learn to plan and give nursing care to a group of selected patients; and learn to assist the professional nurse in more complex nursing situations.

(7) Content as required in paragraph (3) of this subsection shall be drawn from information about ethical, moral and legal responsibilities of the practical nurse, current trends in nursing and health delivery systems, and vocational development.

(e) The total curriculum shall include a minimum of 1500 hours offered within a time period of not less than 12 months. The Board recommends that a minimum of 40% of the total curriculum be theoretical and the remaining 60% be in appropriate clinical experience.

(f) Evening and night assignments shall be considered part of the curriculum only in terms of the objectives to be achieved and if supervision is provided by the nursing faculty. Learning experiences during evening and night hours shall be planned only after the termination of the first four months of the program.

(g) Total hours of theory and clinical experience should be planned on a 35 hour week basis.

(h) The curriculum shall be evaluated according to a plan developed by the faculty and shall include the following:

(1) A careful review of all aspects of the educational program based on the stated philosophy and objectives.

(2) A continuous evaluation of instructional procedures, learning experiences, and student progress.

(3) Opportunities for students to participate in self-evaluation of their own learning experiences.

(4) Performance of graduates on the licensure examination.

(5) Opinions of graduates regarding the adequacy of their nursing program.

(6) Evaluation of graduates by their employers.

(7) A record system in operation which will assist in the evaluation of the educational program.

21.204. Changes in curriculum.

(a) Changes that are a departure from the requirements of the program and which shall be submitted to the Board for approval include the following:

(1) Changes in the objectives of the program which require alteration of the present curriculum or courses or which increase or decrease the length of the program.

(2) Reorganization of the entire curriculum.

(3) Changes in clinical facilities involving contractual agreements.

(4) Changes in administrative control.

(b) When a program change is contemplated, a plan shall be presented to the Board showing:

(1) Rationale for the change.

(2) Present program.

(3) Proposed changed program.

(4) Philosophy and objectives of the proposed program.

(5) Old and new master rotation or organizational curriculum plans.

(6) Program bulletin and any other pertinent information.

(c) Fifteen copies of the materials listed in subsection (b) shall be submitted at least 3 weeks prior to the Board meetings at which such matters are to be considered.

FACILITIES FOR ADMINISTRATION AND TEACHING

21.211. Facility and resource requirements.

(a) The physical structures that serve the purpose of the practical nursing program and are available for student or faculty or both use include those that are provided in the immediate environment and also those that are off the school premises. Facilities and resources of the program shall include the following:

(1) Administrative and instructional and office personnel shall be provided with the appropriate and adequate space and equipment essential for attainment of the objectives of the program.

(2) The number and size of accessible classrooms, conference rooms and laboratories shall be sufficient to meet the needs of the program. The number and size of classrooms shall be determined by the maximum student enrollment.

(i) All educational facilities shall be attractive, adequately heated, lighted and ventilated.

(ii) All educational facilities shall be provided with the equipment and supplies necessary to meet the teaching and learning requirements of both students and teachers.

(iii) The curriculum outline and instructional methods utilized by the faculty shall be determinative in the selection and maintenance of the facilities needed in the individual practical nursing program.

(b) Adequate storage space for general supplies and equipment, policies shall be in existence for the replacement of equipment, furnishings, and supplies.

(c) Library facilities and resources, which are planned and maintained to meet the specific needs of the student and the faculty shall be as follows:

(1) The physical equipment of the library shall include adequate lighting and ventilation, sufficient tables and comfortable chairs, space for proper display of library holdings and exhibits, and appropriate work space for the librarian.

(2) Provision shall be made for adequate storage space to maintain the safety and security of the library materials and holdings.

(3) Library holdings shall include sufficient reference titles, periodicals and other educational materials, as well as supplementary aids to achieve the objectives of the program.

STUDENTS

21.221. Selection and admission.

(a) Admission standards shall conform with the following:

(1) Policies and procedures related to the selection and admission of students are the responsibility of the individual program. Consideration shall be given to scholastic aptitude, academic achievement, personal qualities, and physical and emotional health.

(2) Applicants shall have completed work equal to a standard high school course as evaluated by the Credentials Evaluation Division of the Pennsylvania Department of Education.

(b) Admission of classes shall conform with the following:

The Board recommends that only one class be admitted per year. The number of candidates for each class shall be determined by the educational and clinical resources which the program can provide.

(c) Advanced standing shall conform with the following:

(1) The Board encourages practical nursing programs to thoughtfully review their respective curriculi to identify where opportunity can be provided for the recognition and validation of previous education and experience of perspective applicants. Advanced placement proposals developed may then be submitted for review and approval by the Board.

(2) Programs submitted must be developed for either a specific, identified individual or for a theoretical group of individuals. The extent of the approval granted will be based on the nature and content of the program submitted.

21.222. Student services.

(a) Health program.

There shall be written objectives and policies for the health program of the practical nurses program. The health program shall be planned and implemented to assist in maintaining the physical and mental health of the students and to provide appropriate means for the care needed during illness. In planning student health programs and services, the responsibility of the individual student, as well as that of the program, shall be clearly defined in writing.

(1) The preentrance health examination shall include the following:

(i) Complete physical examination. The program policy shall determine whether the examination shall be administered by the physician or qualified nurse clinician of the school or by a physician or nurse clinician chosen by the candidate.

(ii) Full size chest x-ray.

(iii) Laboratory tests which shall include complete blood count, serology, and urinalysis.

(iv) Dental and eye examinations.

(2) An immunization policy shall be established by the practical nursing program.

(3) The scope of the health program shall provide facilities for daily medical or nursing services, or both, in order that students may have the opportunity to seek immediate care when necessary.

(4) Policies for sick leave allowance shall be formulated to provide for the preservation of the health and educational needs of the student.

(5) Policies for vacations or school recesses shall be developed and published in the school bulletin. These shall be planned to maintain the optimum health of the student while meeting educational requirements of the program.

(6) The written policies of the program shall provide for the following:

(i) Eight hours of continuous rest during each 24-hour period of scheduled class and clinical nursing experience.

(ii) The number of unassigned or otherwise free days within each calendar week during the program.

(7) Appropriate cumulative student health records shall be maintained throughout the enrollment of the student.

(b) Student employment.

When part-time student employment is permitted, written policies shall include the types of employment; conditions regulating such employment, such as health, academic load, and scholastic progress; and consideration of current Federal and State laws affecting employment. When students are employed in health agencies, they may not perform the functions normally assigned to a professional or practical nurse unless they are currently licensed. Students in this role cannot be assigned as charge nurse of a unit. Student employment shall be on a voluntary basis and not a requirement of the institution. Remuneration for such employment shall be within the range of salary scale for the position.

(c) Student housing.

Policies concerning housing shall include the following:

(1) adequate space, equipment and furnishings for each student, such as desk chairs, proper lighting, ventilation, and closet space;

(2) safe and adequately maintained facilities directly related to personal hygiene and personal security measures which include appropriate supervision of housing facilities and periodic inspection of safety devices, such as fire extinguishers, housing exits, and fire drills;

(3) provision of facilities which promote recreational and social activities; and

(4) facilities for obtaining adequate well-balanced meals.

(d) Counseling and guidance.

The scope of the counseling program shall be clearly defined in accordance with the objectives of the program. A program shall include academic counseling, initiated by either faculty or students. Adequate provision shall be made for the student's referral or to consultation with skilled counselors, psychiatrists, psychologists, or religious advisors when professional and personal assistance is needed for individual student problems.

(e) Financial aid.

Policies and procedures relating to scholarships, loans, and grants shall be developed within the framework of the philosophy of the controlling agency and defined in writing.

21.223. Student's rights.

There shall be written specified policies relating to students' rights and grievances with procedures for implementation.

RECORDS

21.231. Program records and record maintenance.

A record system essential to the operation of the program shall be maintained. Records shall be kept in locked fire-proof files. Each nursing faculty shall select record forms specifically for the practical nursing program which shall include the following:

(1) Student records. Student records shall conform with the following:

(i) Permanent record, on all students admitted, including both clinical and theoretical experience and achievement shall be kept ad infinitum.

(ii) Health records shall be kept for five years following completion of the program.

(2) Faculty records. Faculty records shall conform with the following:

(i) "Display Portion" of current nursing license.

(ii) Records of preparation and experience, including college transcripts.

(iii) Current record of continuing education activities.

(3) Administrative records. Administrative records shall conform with the following:

(i) Affiliation agreements with cooperating agencies.

(ii) Minutes of meetings.

(iii) Annual reports.

(iv) Follow-up studies of graduates.

(v) Budgets.

(vi) Current written policies.

(4) Program bulletin. Program bulletins shall:

(i) be comprehensive and current since they serve as contracts of agreement between the applicant or student and the program; and

(ii) include clearly defined refund policies governing all fees and tuition paid by the students.

21.232. Records required to be filed in the Board office.

(a) An Annual Report of the Practical Nursing Program shall be sent to the Board, using the form supplied by the Board.

(b) Upon completion of the entire program a transcript or photocopy of the Final Record of the student shall be submitted along with the application for admission to the licensure examination. The transcript shall bear the impression of the school seal and signature of the nurse in charge of the program or authorized representative.

21.233. Custody of records.

(a) When a program closes, the controlling agency shall be responsible for the safekeeping of the records of its students; and official copies shall be made available upon request. If the controlling agency also closes, advice should be obtained from the Board concerning the permanent safekeeping and availability of the records of the practical nursing program.

(b) The Board shall be informed in writing concerning permanent placement of these records.

21.234. Access and use of records.

(a) Students shall have access to personal records as provided by Federal and State legislation.

(b) Information shall be released from a student's record only in accordance with Federal and State law.